

2026-2027
OFF-SEASON CONDITIONING PERMIT

(Please give to Coach)

My son/daughter _____, has my permission to participate
(Name)
in Off-Season Conditioning for _____ during the 2026-2027 season.
(Sport)

He/she is in _____ grade and attends _____ school.
(As Of Fall 2026-2027 School Year) (As Of Fall 2026-2027 School Year)



Parent / Guardian signature

Date

All participants must carry medical insurance to play or practice.
(Please copy front and back of insurance card and attach to this form)

**DOUGLAS HIGH SCHOOL
CONTACT INFORMATION**

Student's Name _____ Home/Cell Phone _____
Address _____ City/State/Zip _____
Parent's (Guardian's) Name _____
Father's Business Phone / Cell _____ Mother's Business Phone / Cell _____
Name of Insurance Company _____ Member/ID # _____
Medical History / Allergy Alert _____

Emergency Contact in the event you cannot be reached:

Preference of Physician or Hospital: Phone _____

Phone _____ Address _____

Phone _____ Address _____

If the above Physician or Hospital is not available, do we have permission to take your child to an available physician or the nearest hospital?

Yes _____ No _____



Parent Signature _____ Date _____

(To be given to the COACH in the pre-season)