

**LAKE HAVASU HS STUDENT ATHLETE EMERGENCY CARD COACH COPY – 2011/2012****OFFICE USE ONLY**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student Id # \_\_\_\_\_

B.C. \_\_\_\_\_

Birthdate: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Inf. Consent \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Emergency/Work Phone: \_\_\_\_\_

Handbook \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_

Insurance \_\_\_\_\_

WRITE in Sport: FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_

Domicile \_\_\_\_\_

INSURANCE (required): Personal Ins. Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Enrollment \_\_\_\_\_

OR Student Accident Insurance. 24 hour \_\_\_\_\_ At School \_\_\_\_\_ Football \_\_\_\_\_

I(We) the undersigned parent(s)/guardian(s) of the student above named, do hereby give and grant unto any medical doctor or hospital, my(our) consent and authorization to render such aid, treatment or care to said student, as in the judgment of the said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in interscholastic activity sponsored or sanctioned by the Arizona Interscholastic Association, or Lake Havasu High School. I(We) understand and agree that LHHS is not financially responsible for accident or injury resulting From my child's participation in any school related activity and that I(We) assume this responsibility. I(We) give permission for above named student to participate in organized interscholastic athletics, realizing that such activity involved the potential for injury which is inherent in all sports. I(We) acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegic or death.

Clear for Tryouts \_\_\_\_\_

Fee \_\_\_\_\_  
(clear for games)\_\_\_\_\_  
DATE STUDENT SIGNATURE PARENT SIGNATURE**LAKE HAVASU HS STUDENT ATHLETE EMERGENCY CARD OFFICE COPY– 2011/2012****OFFICE USE ONLY**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student Id # \_\_\_\_\_

B.C. \_\_\_\_\_

Birthdate: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Inf. Consent \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Emergency/Work Phone: \_\_\_\_\_

Handbook \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_

Insurance \_\_\_\_\_

WRITE in Sport: FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_

Domicile \_\_\_\_\_

INSURANCE (required): Personal Ins. Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Enrollment \_\_\_\_\_

OR Student Accident Insurance. 24 hour \_\_\_\_\_ At School \_\_\_\_\_ Football \_\_\_\_\_

I(We) the undersigned parent(s)/guardian(s) of the student above named, do hereby give and grant unto any medical doctor or hospital, my(our) consent and authorization to render such aid, treatment or care to said student, as in the judgment of the said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in interscholastic activity sponsored or sanctioned by the Arizona Interscholastic Association, or Lake Havasu High School. I(We) understand and agree that LHHS is not financially responsible for accident or injury resulting From my child's participation in any school related activity and that I(We) assume this responsibility. I(We) give permission for above named student to participate in organized interscholastic athletics, realizing that such activity involved the potential for injury which is inherent in all sports. I(We) acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegic or death.

Clear for Tryouts \_\_\_\_\_

Fee \_\_\_\_\_  
(clear for games)\_\_\_\_\_  
DATE STUDENT SIGNATURE PARENT SIGNATURE