

**HORACE GREELEY HIGH SCHOOL**  
Department of Interscholastic Athletics

**Athletic Participation Form**

**PERMISSION TO PARTICIPATE**

I give permission for my child \_\_\_\_\_ to participate in the Horace Greeley High School  
(Name of Child)

Interscholastic \_\_\_\_\_ Program. It is my understanding that my child will comply  
(Sport and Level)

with the established policies and procedures of Horace Greeley High School and the Athletic Department. I will assume responsibility for paying fines incurred by my child for loss and/or damage to equipment, supplies and uniforms with the exception of normal wear.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

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**SPORTS WARNING**

We are aware that playing or practicing in any sport can be a dangerous activity involving MANY RISKS OF INJURY.

We understand that the risks of engaging in the sport of \_\_\_\_\_ include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health and well being.

We also understand that the dangers and risks of engaging in the above sport may result not only in serious injury, but in a serious impairment of the future abilities of the athlete to earn a living, and engage in business, social and recreational activities and generally to enjoy life.

Because of the risks described above, We recognize the importance of listening to and following all of the coach's instructions and warnings regarding playing techniques, training methods, rules of the sport and other team rules. We therefore expressly agree to obey all of the coach's instructions and warnings.

It is acknowledged that we have read and understand the implications of this sports warning.

\_\_\_\_\_  
(Signature of parent/guardian) (Date)

\_\_\_\_\_  
(Signature of Athlete) (Date)

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**MEDICAL HISTORY UPDATE**

Student Name \_\_\_\_\_ Sport \_\_\_\_\_ Grade \_\_\_\_\_

Coach \_\_\_\_\_ Date of Pre-sports Screening \_\_\_\_\_

A student who engages in interschool competition MUST have completed the required pre-sports physical examination. The student may not begin practice without the required medical documentation and approval by the Chief Medical Officer. Unless the Pre-Sports Screening has been conducted within the past 30 days of the start of a season, a health history up-date is required.

Please answer the question below;

1. Has your son or daughter received any medical treatment prior to the start of this athletic season for head injury, fractures, heart/circulatory conditions, communicable disease, surgical operation, eye injury, organ removal and any condition that may deny competition.

Please check one No \_\_\_\_\_ If "YES" \_\_\_\_\_ describe below and it is required to present medical documentation to the Athletic Director for review with the Chief Medical Officer prior to beginning interscholastic athletic practice.

\_\_\_\_\_

I acknowledge that the above information is correct and my son/daughter still remains in good health.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

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**EMERGENCY MEDICAL TREATMENT**

Student/athlete Name \_\_\_\_\_ To be kept in the first aid kit.

In the event that I cannot be reached and my child requires emergency medical attention, I hereby grant permission to a licensed physician designated by the Horace Greeley Coaching Staff to attend my son/daughter in an appropriate medical setting.

\_\_\_\_\_  
(Signature of parent/guardian) (Date)

**MEDICAL INFORMATION**

Parent Home Phone \_\_\_\_\_

Parent Business Phone \_\_\_\_\_

Family Physician \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_

Dentist's Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Name, Type and Identification of Family Health Insurance Coverage:

\_\_\_\_\_