

Marist High School Student Athletic/Activity Eligibility Form

To be completed by a Parent/Guardian

Please circle any sport in which your son/daughter is planning to participate in:

Fall: Football Soccer Volleyball Cross Country Water Polo Cheer Dance

Winter: Basketball Swimming Wrestling Cheer Dance Chess Mock Trial **Grade**_____

Spring: Baseball Softball Golf Track & Field Tennis Lacrosse Shooting Petanque Speech & Debate

Student's Name _____ Sex: M F Birth Date ____/____/____

Parent(s)/Guardian(s) _____ Place of Birth-City _____ State _____

_____ Home Phone _____

Address _____ Work Phone _____

City, Zip Code _____ Cell Phone _____

Email _____

Emergency Information

Insurance Company _____ ID# _____

Emergency Contact _____ Home Phone _____

Relationship to Student _____ Work Phone _____

Student's Physician _____ Office Name (Peacehealth, OMG, etc.)

Physician's Phone _____

Current Medication(s) _____

Allergies _____

Current Medical Condition(s) _____

I, and my child understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in sports / activities.

I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a licensed athletic trainer, coach, or medical practitioner.

*Students may have their image or likeness used in any print or electronic media for use of documentation and/or advertisement.

All of the above information is true and correct to the best of my knowledge.

Parent Signature _____ Date _____