# Providence Catholic School - Athletics
# Emergency Contact

**Use only BLACK or BLUE ink to complete – PRINT all information.**

**School Year:** __________ **Grade:** _________

**Sports** (please check all that apply): ☐ Cross Country ☐ Volleyball ☐ Basketball ☐ Soccer ☐ Softball ☐ Track ☐ Swim ☐ Tennis ☐ Golf ☐ Bowling ☐ Dance ☐ Band ☐ ROTC

**Student Contact Information**

**Student's Full Name:** __________________________________________ **DOB:** _______________________ **Age:** ___________

**Social Security #:** _______________________ **Home Phone #:** _________________

**Address:** ___________________________________________ **City, Zip:** _____________________________________________

**Mother / Guardian Name:** ______________________________ **Cell Phone #:** _________________ **Work #:** _________________

**Father / Guardian Name:** ______________________________ **Cell Phone #:** _________________ **Work #:** _________________

**IF PARENTS CANNOT BE REACHED IN CASE OF EMERGENCY, PLEASE NOTIFY:**

**Name:** _____________________________ **Relationship to Student:** ________________________

**Home Phone #:** _________________ **Cell Phone #:** _________________ **Work #:** _________________

**Medical Contact Information**

**Family Doctor or Clinic:** _____________________________ **Phone #:** ________________

**Family Dentist or Clinic:** _____________________________ **Phone #:** ________________

**Preferred Hospital:** _____________________________

**List all medications taken regularly and why:** ______________________________________________________________

**List all known allergies:** ________________________________________________________________________________

**Medical Insurance Information**

All athletes must be covered under some form of health insurance or the parent must sign a waiver of responsibility.
Please indicate below which form of coverage you will be using:

_____ **MILITARY COVERAGE**

**Sponsor Name:** ______________________________ **Branch of Service:** _________________________

**Sponsor DOB:** ______________________________ **Sponsor SS #:** _____________________________

_____ **INDIVIDUAL OR GROUP MEDICAL**

We are covered under our own group or individual major medical health insurance policy which provides benefits for our daughter.

**Insurance Co.:** _________________________________________________ **HMO:** _____ **PPO:** _____

**Address:** ______________________________________________________ **Phone #:** ____________________

**Insured's Name:** ______________________________ **Insured's Employer:** ____________________________

**Insured's DOB:** ______________________________ **Insured's SS #:** _________________________________

**Group #:** _____________________________________ **Policy #:** _______________________________________

**Waiver of Liability**

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the Texas Association of Private and Parochial Schools, nor Archdiocesan Interscholastic Athletic League, nor Providence Catholic School assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or illness, I do hereby request, authorize and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school, TAPPS, AIAL and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

We agree to accept full responsibility for all medical expenses incurred by our daughter while participating in the Providence Catholic School athletic program. We hereby release Providence Catholic School, its coaches, athletic trainer, teachers and administrators from any and all liability as a result of athletic-related injuries

**Parent / Guardian Signature:** _______________________________ **Date:** _______________________________

**Form completed in its entirety must be completed and signed by parent / guardian and returned to the Athletic Director or Head Coach before your daughter may participate in sports at Providence Catholic School.**

A photocopy of this authorization shall be considered as effective and valid as the original.