

THE KING'S ACADEMY

CONSENT FOR ATHLETIC PARTICIPATION & MEDICAL CARE

Athlete Information

Last Name _____ First Name _____ Middle Name _____

Sex: [] Male [] Female Date of Birth ____ / ____ / ____

Allergies _____

Medications _____

Medical Conditions _____

Insurance _____ Policy Number _____

Group Number _____ Insurance Phone Number _____

Emergency Contact Information

Home Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Mother's Cell _____ Father's Cell _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Additional Contact Person _____

Phone Number _____ Relationship _____

I/We hereby give consent for (athlete's name) _____ to represent The King's Academy in athletics realizing that such activity involves potential for injury. I/We acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible. On rare occasions these injuries are severe and result in disability, paralysis, and even death. I/We further grant permission to The King's Academy and its designees, physicians, athletic trainers, and/or EMT to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and well being of the student athlete named above during or resulting from participation in athletics. By the execution of this consent, the student athlete named above and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comments pertaining to the student athlete by those practitioners performing the examination. As parent or legal guardian, I/we remain fully responsible for any legal and financial responsibility which may result from any personal actions taken by the above named student athlete.

Signature of Athlete

Signature of Parent/Guardian

Date