



# Concordia Athletics

## Participation/Transportation/Emergency Contact



Athlete's Name \_\_\_\_\_

School Year \_\_\_\_\_

### Emergency Contact Information

Participant's Full Legal Name \_\_\_\_\_

Parent/Guardian's Full Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Work Phone Number \_\_\_\_\_ (circle one:) Mother Father Other

Cell Phone Number \_\_\_\_\_ (circle one:) Mother Father Other

Other contact in emergency (Name & Phone #) \_\_\_\_\_

Chronic ailments, allergies, or other pertinent information \_\_\_\_\_

### Special Notes:

Please include any additional information that the coach and/or athletic director should be aware of for your student...

### Consent

In consideration of my student's opportunity to participate in interscholastic activities, I hereby consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, or other persons trained in the rendering of first aid, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child any liability of Concordia Schools, any of its agents, volunteers, or employees, arising out of such medical treatment. I understand that my student can be hurt participating in athletics and the full extent of injury can range from a hangnail to the unlikely occurrence of a death.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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### Parental Permission for Participation and Transportation

Please circle **all** sports you are permitting your student to participate in **during the current school year.**

**Season**

**Fall**

**Winter**

**Spring**

**Boys:**

Basketball

Flag Football

Soccer

**Girls:**

Volleyball

Soccer

Furthermore, I give my permission for my student to:

1. Ride to and from practices and games in a vehicle driven by a Concordia coach.
2. Ride to and from practices and games in a vehicle driven by a Concordia Teacher/Staff.
3. Ride to and from practices and games in a vehicle driven by a Parent.

In addition, I understand that in order for my student-athlete to participate in middle school sports, I will pay a fee of \$25 dollars per sport

Please submit all sports participation fees to the business office. In the memo line please write the student's name and sport(s).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date