

Woodland Christian Middle School
2016-2017

Parochial Athletic League
Diocese of Sacramento

Doctor's Medical Release

I certify that _____ (student) is healthy and has no restrictions for participating in sports.

Doctor's Name (please print)

Doctor's Phone Number

Doctor's Signature

Date

Attention: Parents

Any student that wishes to participate in any team sport for the 2016-2017 school year ***must*** have a copy of this release form on file in the school office before the sport begins.

Insert your school address and phone number here

ATHLETICS - MEDICAL and EMERGENCY FORM

AUTHORIZATION FOR CONSENT OF TREATMENT OF MINOR

In the event of serious emergency and none of the persons listed below can be contacted, I authorize school officials to call my family physician, or if the situation demands, to transfer my child to the nearest hospital for emergency care. I consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by, and rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the physician's office or at a certified hospital. I hereby agree to bear all costs incurred as a result of the foregoing:

MY CHILD IS ALLERGIC TO:

- 1. _____ 2. _____
- 3. _____ 4. _____

Signature of Parent or Guardian

Date

I do not choose to sign the above statement. In the event of an accident or emergency, please:

Signature of Parent or Guardian

Date

MEDICAL INSURANCE COVERING THE STUDENT:

Name of Company: _____ Policy Number: _____

Parent/Guardian Initials for Specific Season: Fall _____ Winter _____ Spring _____

Are there any health conditions of your child that we should be aware of? Please list:

PAROCHIAL ATHLETIC LEAGUE EMERGENCY CARD

Sport:	Grade:	Teacher:
Student:	Home Phone:	
Father:	Mother:	
Father Work Ph:	Mother Work Ph:	
Father Cell Ph:	Mother Cell Ph:	
Father Email:	Mother Email:	
In case of emergency (when parents cannot be reached), please contact:		
Name/Relationship	Phone:	
Name/Relationship	Phone:	
Physician:	Phone:	
Hospital:		
Dentist:	Phone:	

WOODLAND CHRISTIAN MIDDLE SCHOOL

Grades 5th - 8th

1787 Matmor Road ♦ Woodland CA 95776

P 530.406.8800 f 530.406.0900

Interscholastic Athletic Policies and Participation Agreement

(Must be completed and returned to the office prior to participation.)

Please indicate the sport you would like to participate in for the 2016-2017 academic year:

<input type="checkbox"/> Girls Volleyball JV (5-6)	<input type="checkbox"/> Girls MS Basketball (5-8)	<input type="checkbox"/> Track & Field (5-8)
<input type="checkbox"/> Girls Volleyball Varsity (7-8)	<input type="checkbox"/> Boys MS Basketball (5-8)	<input type="checkbox"/> Golf co-ed (5-8)
<input type="checkbox"/> Jr. Cardinal Football (4-8) (includes athletic fee & spirit pack)		<input type="checkbox"/> Soccer co-ed (6-8)
<input type="checkbox"/> (Student Name) _____ will not be participating in Interscholastic Sports		

Student Information:

Student Name:		
Address:	City:	Zip:
Grade:	Date of Birth:	
Home Phone:		

Emergency Contacts:

Father/Guardian:	Mother/Guardian:
Emergency Phone 1:	Emergency Phone 1:
Emergency Phone 2:	Emergency Phone 2:

Medical Information:

Physician's Name:	
Physician's Address:	Phone:
Medical Conditions:	
Allergies:	
Medications:	
Medical Insurance:	Medical ID #:

A student participating in sports must maintain a 2.0+ GPA and must be at school at least the first ½ of a game day. First aid kits will be at all games.

School uniforms are loaned to athletes and they are responsible for damages beyond the normal wear and tear, and must replace lost articles.

Parent or Legal Guardian Permission

By its nature, participation in the interscholastic athletics includes risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program and inspect their own equipment on a regular basis.

By signing this Agreement Form, the parent/guardian gives permission for his/her son/daughter to participate in the athletic program with the understanding there is risk involved.

Parent/Guardian Section:

I have read and fully understand that:

1. My son/daughter must abide by the Athletic Code and the special rules and regulations that govern athletes and failure to do so may result in the denial to participate.
2. Participation in athletics involves an element of danger and risk of personal injury.
3. My son/daughter may accompany any school team of which he/she is a member on its local or out-of-town trips.
4. In case of an emergency my son/daughter may be treated, I hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray examination, medical, dental or surgical diagnosis, treatment or hospital care that is advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Having read all of the foregoing information, I agree and give my consent for my son/daughter to participate in the Woodland Christian School Interscholastic program.

Signature: _____ Date: _____

Student Section:

I have read and understand all sections of this Agreement form, the athletic code and the special rules and regulations. As an athlete in the interscholastic athletic program at Woodland Christian School, I agree to abide by the principles and regulations contained within this agreement form.

Signature: _____ Date: _____