

HOMEWOOD CITY SCHOOL ATHLETIC WARNING STATEMENT & CONSENT TO PARTICIPATE

(PLEASE PRINT)

Student Athlete's Name	Mother's Name	Father's Name
Date of Birth	Mother's Cell #	Father's Cell #
Current School Grade	Mother's E-Mail Address	Father's E-Mail Address
Home Phone	Home Address	Zip
Emergency Contact	Contact Phone #	
Family Physician	Physician Phone #	

INSURANCE INFORMATION

NOTE: You **MUST** have medical insurance to participate.
If you do not have medical insurance, you must purchase the accident policy offered through the school.
Also, please inform us if your insurance coverage changes during the school year.

Insurance Carrier	Policy Number	Group Number
Policy Holder	Relationship	Preferred Hospital

As an athlete/athletic parent in the Homewood City School (HCS) athletic program, I/We understand that participation in any sport can be a dangerous activity involving **MANY RISKS OF INJURY/DEATH**. I/We further understand that there are serious risks including, and not limited to, brain damage, cardiac arrest, serious injury or impairment to other aspects of the athlete's general health and well-being. I/We understand that the dangers and risks of participating in sports also include the potentially high cost of medical care and impairment of the athlete's future ability to earn a living, to engage in other business, social and recreational activities, and generally enjoy life. Recognizing these risks, I/we consent to the participation of my/our son/daughter in the sports program offered. I/We also agree to comply with all rules, regulations, and recommendations of administrators, coaches, athletic trainers, and doctors concerning injury prevention and care.

I, the undersigned parent, do hereby give permission to any member of the faculty or staff of Homewood City Schools to seek and obtain medical care, attention and information that may be necessary for my child, that is in their care and custody. I/We hereby consent to any and all health care providers designated by HCS to provide my child any necessary medical care as a result of injury or illness. I/We do hereby hold harmless the HCS, their faculty and staff for any claims that may arise.

I also understand that participation in HCS is a privilege and that my child is expected to abide by the HCS Code of Conduct. Failure to do so can result in dismissal from the team. I also understand that if my child is cut/removed from a team then they may join another sport; otherwise we (parents and athlete) both acknowledge that unless there is a mutual consent between coaches, my student can NOT quit one team to join another in the same season.

I/We further acknowledge the reality of conflicts between concurrent school activities and athletic schedules and realize that communication between parents, athletes and coaches is vital in order to minimize conflicts. I/We understand that missed practices and/or competitions may result in a loss of playing time and participation.

Parent/Guardian Signature	Date	Student Signature	Date
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