Last Name	First	M.I.	Sex	Birthdate

Address:

Hoover Schools Athletic Warning Statement & Consent to Participate

As an athlete/athletic parent in the Hoover City School's Athletic program, I/We understand that participation in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I/We further understand that there are serious risks including and not limited to brain damage, cardiac arrest, serious injury to internal organs and to bones, joints, ligaments, muscles, tendons, and other 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 to enjoy life. Recognizing these risks, I/we consent to the participation my/our son/daughter in the sports program offered by Hoover I/we also agree to comply with all rules, regulations, and recommendations of Schools. administrators, coaches, athletic trainers and doctors concerning injury prevention and care. I/we hereby grant consent to any and all health care providers designated by Hoover Schools to provide my child any necessary medical care as a result of any injury illness. Furthermore, I / We grant consent to any and all health care providers designated by Hoover Schools to perform sickle cell screening via finger stick on my son / daughter. I/We consent to participation in the following sport(s):

Baseball	Cross Country	🗌 Indoor '	Frack	Softball	□ Volleyball		
Basketball	□ Football	Outdoor	Track	Swimming	Wrestling		
Cheerleading	\Box Golf	□ Soccer		□ Tennis	Dance		
Signature of Parent/	Guardian	Date		ature of Student	Date		
	E	mergency Info	rmatio)n			
<i>Please print</i> . Parent/Guardian N	Name:						
Home phone:	E: Father's Work: Mother's Wo		rk:				
Family Doctor:		Phone					
Preferred Hospital	l:						
HEALTH INSU	RANCE INFORMA	TION Note: 2	This MU	ST be completed. Pro	pof of insurance must be		
	have insurance to partic so, please inform us of any						
Carrier:	I	Policy No.:		Group N	lo		
Policyholder's nat	me:			Relationship:			
MEDICAL HIST	ORY: List any allergi	es or medical cond	litions: _				
<u>EMERGENCY, i</u> j	f parents cannot be c	ontacted, notif	<u>v:</u>				
Name			Relationship:				
Phone: Day			Night				