

# Oxford Preparatory School Athletic Participation Form

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_

Parents' Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Day/Work Phone: \_\_\_\_\_ (Mother) Home Phone: \_\_\_\_\_

Day/Work Phone: \_\_\_\_\_ (Father) Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

In case of emergency and parents cannot be reached, please contact:

\_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Insurance Information: Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

*As parent/guardian, I give permission for my child's participation in athletic events.*

*In the event of a medical emergency, I give Oxford Preparatory School permission to authorize necessary medical care if I cannot be reached or if the situation warrants immediate action.*