



Please Contact Your Individual High School For A Copy Of Their Current Correct Form

COPY EXAMPLE

**PLAYERS HIGH SCHOOL
LOGO and NAME
Athletic Participation Form**

Student Information John A. Doe Jr. | 12 | 01/01/1985
NAME As It Appears On Birth Certificate Grade Date of Birth
(Please Circle)

Resident Address: 123 East Oak Drive, Charlotte, NC, 12345
Address City State Zip

INSURANCE: As the Parent/Guardian of the above named student, I understand that the schools insurance that is furnished as part of the registration fee, will serve as a secondary insurance to any policy I may have. In the event that I do not have insurance, the schools policy will serve as the primary policy.

Parent/Guardians Name (Sign) John A. Doe Sr Father 704-111-2233
Name Relationship To Student Phone Number

In the Event of an Emergency and I Am Unable To Be Contacted, Please Contact
Mary Jane Doe Mother 704-123-4567
Name Relationship To Student Phone Number

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EMERGENCY MEDICAL TREATMENT PERMISSION AND INFORMATION

I hereby authorize the school to obtain, through a physician of it's own choice, any emergency care that may become reasonably necessary for the student in the course of athletic activities or travel. I, or the insurance company providing coverage for the above named student, guarantees payment of all charges incurred for medical treatment. I also give consent for the athletic trainer/coach to administer pain relievers if necessary.

Allergic and/or special medical problems (list any medication carried by student)
Food Allergies, Peanuts/Nuts/Oil

MEDICAL CONTACT INFORMATION

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Family Physician _____ **DOCTORS NAME** _____ Phone **919-111-1234** _____

Hospital Preference **Hospital Name,** _____ **City Name** _____ Phone **919-222-1234** _____

STUDENT PARTICIPATION PERMISSION

I certify that all the information in this application is correct and I agree to abide by the eligibility rules and regulations governing athletics as set forth by the Association in which "ABC Named" High School is a member.

_____**John A. Doe Sr**_____ **704-111-2233** _____ **10/14/09** _____ **Father** _____
Legal Signature of Parent/Guardian Telephone Number Date Relationship

COPY EXAMPLE

**THIS SECTION TO BE COMPLETED BY
PHYSICIAN HEALTHS EXAMINATION**

Age: **17** Height: **5' 10"** B/P: **125/85** Visual: **20/20**
Cardiovascular: **N/A** Abdomen: **N/A** Muscular-Skeletal: **N/A**
Neurological: **N/A** Skin: **N/A** Liver: **OK** Hernia: **0**
Urinalysis: **Negative** Scoliosos: **0** Other: **N/A**
Signature of Examining Physicain: _____ **DOCTOR** _____ Date: **9/5/2009** _____

Expires One Year From Date

Licensed To Practice Medicine In North Carolina? **Yes** / No

The Above Listing Is Just A Copy Example of What Your School Will Have In Place for All Their Athletic Players. We Will Require A Signed and Dated Copy With All Your Completed Forms. Please Contact Us If You Have Any Questions. 704-717-7827

Sincerely,

The Oasis All Star Games Staff

Athletic Participation Form Copy **PAGE 2**