

**BISHOP O'CONNELL HIGH SCHOOL
PARENTAL CONSENT FOR ATHLETIC PARTICIPATION 2010-2011**

Both sides of this form and a current physical exam **must be on file**
with Mr. Don Tillson, Athletic Trainer, no later than one week BEFORE tryouts begin.

Student's Last Name _____ First Name _____ Grade _____

Date of Physical Exam _____ Birth Date _____
must be on or after 4/1/10

Please **cross out** any sport that your child is **not permitted** to participate in for the entire school year:

<u>FALL</u>	<u>WINTER</u>	<u>SPRING</u>
cross country	basketball	baseball
cheerleading	swimming	golf
football	track & field	lacrosse
soccer	wrestling	softball
tennis (girls)	hockey	tennis (boys)
volleyball		track & field
dance		sailing
crew		
sailing		

HEALTH INSURANCE

Bishop O'Connell High School does NOT provide health insurance to cover a student's school related accidents or athletic injuries. Please confirm your insurance coverage by checking the appropriate box below:

We have health insurance We do not have health insurance

EMERGENCY INFORMATION

Student's Full Name _____ Birth Date _____ Grade _____

Parent/Guardian's Name _____

Address _____
Street City State Zip

Home Phone _____

Father's Work/Cell Phone _____ Mother's Work/Cell Phone _____

Health Insurance Company _____ Policy Number _____

ALLERGIES _____ **MEDICAL CONDITIONS** _____

In the event that I cannot be reached in an emergency, I hereby give permission to the physicians selected by the coaching staff of Bishop O'Connell High School to provide proper treatment necessary for the well being of my child named above.

Signature of Parent/Guardian

(OVER)

Date