

Saugus High School

ATHLETE EMERGENCY INFORMATION

Students Last Name _____ First _____ Date of Birth _____ Grade _____ Today's Date _____

To serve your child in case of **ACCIDENT** or **SUDDEN ILLNESS**, it is necessary that you furnish certain information. In case of an emergency, it may be necessary to contact a parent/guardian at work. Please indicate a telephone number other than your home number where you can be reached during the day.

Address _____ Home Phone _____

City _____ Work Phone _____

Name

Business Address

Business Phone

Mother _____

Father _____

Guardian _____

With Whom Does Student Reside? _____ Custody Provisions _____

LIST TWO NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

List any health conditions such as heart disease, diabetes, epilepsy, eye/ear problems or any chronic condition, etc.

Explanation _____

Past injuries _____ Past Surgeries _____

Allergies _____ Medications _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Insurance _____ # _____ Glasses/Contact Lenses _____

In case of emergency, by authorization of my signature below, I hereby allow Saugus High School District or its designated coach/trainer to administer first aid and make arrangements for emergency transportation to a medical facility for emergency treatment.

Parent/Guardian Signature

STUDENT HANDBOOK INFORMATION

1. I acknowledge that I have read and understand the rules and regulations contained in the Athletic Handbook.

2. I acknowledge that I have read and understand the statements regarding Saugus High School Athletic insurance policy and the letter from Mr. Nelson regarding the possibility of injury while playing a sport at Saugus High School. Nevertheless, I acknowledge that I understand and agree that neither Saugus High School nor its coaches nor employees shall be liable for any injury, loss or damage occurred by my son or daughter as a result of participation in any such activity. I further understand and agree that my only rights to seek recovery as a result of such injury, loss or damage is recovery against the athletic insurance policy in accordance with the terms and conditions of that policy.

3. I hereby understand that a student may be declared ineligible for an athletic activity if he or she conducts themselves in a manner which, in the opinion of the school authorities, would reflect unfavorably upon other students.

4. Dear Parents,
Your Son/Daughter is participating in the athletic program at Saugus High School and we hope he/she will have an enjoyable and worthwhile experience. We believe that it is important for not only athletes but also parents to realize that in addition to minor bumps and bruises, there exists the potential for sometimes severe and debilitating injury in the playing or practicing of all sports at all levels of competition. This, of course, is minimized when correct technique and proper skills are used. Toward that end, Saugus High School endeavors to employ coaches with knowledge and interest in their particular program and an athletic trainer who is knowledgeable and committed to the well being of student athletes.

X _____
Student's Signature

X _____
Parent/Guardian Signature