

ATHLETIC INFORMATION CARD
FREDERICKSBURG ACADEMY

Parents/Guardians: Please complete this form for your child's athletic participation. This information will be kept confidential in the athletic department and with coaches during traveling competitions in case of emergency. You must have an **alternate** contact other than the primary caregivers.

Athlete's Name: _____ Gender: _____ Birth Date: _____
 Address: _____ City/Zip: _____

Parent/Guardian Information:

Parent: _____ Home: _____
 Email: _____ Work: _____
 Cell: _____

Parent: _____ Home: _____
 Email: _____ Work: _____
 Cell: _____

Emergency Contacts: These individuals will be contacted if the parent/guardian is unreachable.

Name: _____ Home: _____
 Relationship: _____ Cell: _____

Name: _____ Home: _____
 Relationship: _____ Cell: _____

Parent/ Guardian Consents

_____ has my permission to participate in all of the following competitive sports that are marked below.

<i>*Your athlete will only be allowed to participate in the sports that are marked below.*</i>			
<u>Contact</u>	<u>Collision</u>	<u>Non-Contact</u>	
____ Soccer	____ Field Hockey	____ Tennis	____ Swimming
____ Boy's Lacrosse	____ Basketball	____ Cross Country	____ Fitness
	____ Girl's Lacrosse		

Please read and initial each of the following:

1. I give my permission for my child to travel to school sponsored athletic events. _____
2. I understand that participation in athletic competition runs the risk of physical injury, including coma, paralysis, or death. I waive any claim for injury or damage incurred by said athlete while participating in the activities that are **marked** in the above box. _____
3. I give my consent to allow school selected health care provider(s) to provide treatment for any injury received while participating in or training for athletics for his/her school. _____
4. I grant permission for above said health care provider(s) to share appropriate information concerning my child that is relevant to participation, with coaches, medical staff, and other school personnel as deemed necessary. _____

With this signature, I am agreeing that my child/ward may participate in the above marked athletics. I am also consenting to travel, acknowledgement of risk of injury, and consent to treat said athlete in case of injury or medical emergency.

Parent/Guardian Signature: _____ **Date:** _____