



CALABASAS ATHLETICS

“Home of the COUGARS”

Parent Permission/Emergency Consent/Proof of Insurance

“I/WE acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death.” (Arizona Interscholastic Association)

I/WE, the parents or legal guardians of _____ hereby give our consent for him/her to engage in interscholastic athletics during the 2015-2016 School Year.

_____ I/WE understand that the school district has no financial responsibility if accidents occur to students while taking part in athletics.

Initial

_____ I/WE certify that our son/daughter is fully covered with _____ medical/health insurance company.

Initial

Name of Insurance Company

_____ I/WE permit emergency medical care to be administered to our son/daughter in the event it is required, as deemed necessary by the Calabasas School Coach, Administrator, or Athletic Trainer during any athletic-related activities.

Initial

_____ I/WE understand that certain emergencies require immediate transportation to a hospital.

Initial

_____ I/WE will allow the involved hospital and/or doctor to administer the required treatment for this condition.

Initial

I/WE have read and understand the training rules relating to the athletic department and understand the penalties that may be imposed for failure to comply with standard expected of athletes who represent Calabasas School.

Father's Signature

Mother's Signature

Date

Street Address

Home Phone

IN AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED PLEASE NOTIFY THE FOLLOWING:

Name _____ Phone _____

Street Address _____ City _____

INSURANCE: (The student **MUST SHOW** proof of insurance to participate. Calabasas does offer insurance through the Myer-Stevens & Toohey Company). It is the parents/guardians responsibility to purchase and contact the insurance company directly.

Name of Insurance _____

Insurance Policy Number _____