

# AAHSNC Athletic Participation Card

Student-Athlete Name: D.O.B. Grade:

Mother Name:

Father Name:

Address City: State:

(Mother) Day Phone: Home: Cell:

(Father) Day Phone: Home: Cell:

In case of emergency and parents cannot be reached, please contact:

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Student's Physician: Phone:

Student's Insurance Information:

Company: Policy #:

*As parent/guardian, I give permission for my child's participation in athletic events.*

*In the event of a medical emergency, I give Apprentice Academy permission to authorize necessary medical care if I cannot be reached or if the situation warrants immediate action.*

Parent/Guardian Signature:

Date: