

Carson High School
STUDENT-ATHLETE/ACTIVITIES
Registration Form – 2012-2013



Please PRINT neatly in ink!
All sections must be completed in their entirety!

Student's Name:
Male Female Grade: 9th 10th 11th 12th Age: DOB:
Father's Name:
Mother's Name:
Lives with: Both parents Father only Mother only Legal Guardian
Physical Address:
Mailing Address:
City: State: Zip Code:
Home Phone Work Phone Cell Phone
Father:
Mother:
Emergency Contact Person(s):
Home Phone: Work Phone: Cell Phone:
Physician Preference: Phone:
Address:
Hospital Preference:
Are you on a Variance? Yes No Home Schooled * Charter *
* Must show proof of grades and must complete participation form. Contact Athletic office for forms.
Health Insurance Information (MANDATORY)
Health Insurance Company:
Insurance Company Address:
Policy Holder: Policy #:
Relationship to Student:
I do not have coverage, I am purchasing school insurance.
Signature of Parent/Legal Guardian
For Office Use Only

Permission to Treat

In the event that the above named student should need emergency medial treatment or attention while under the care of athletic or school personnel, necessary treatment may be secured. The school shall not be held responsible for any debts incurred.

Emergency Transportation Approval

This is to certify that I/we, the parents/guardian of the above named student give full permission to Carson High School coaches, trainers or administrators, at practice or at actual athletic events, in or out of town, to call an ambulance service or otherwise provide emergency transportation to a hospital for medial treatment. I/we understand that every effort will be made to contact parents immediately, but should there be difficulty, I/we will not hold Carson High School or any Carson High School representative(s) responsible for any costs or liabilities associated with such actions.

EMERGENCY TRANSPORTATION BY SCHOOL IS PERMITTED. YES NO
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Your signature on the bottom of this page indicates you have read, understand, and agree with all the information in this packet and that, to the best of your knowledge; the information is complete and accurate.

(Parent/Guardian Signature) (Date) (Student Signature) (Date)