



INSURANCE INFORMATION

Insurance Name: _____ Policy # _____ Group # _____

PARENT'S CONSENT TO PARTICIPATE

I hereby give my consent for (student's name) to represent West Bay Christian Academy in the sport(s) of _____.

PARENT'S CONSENT TO USE PRIVATE TRANSPORTATION

I hereby give my consent for (student's name) to travel to practices and or meets/games with a parent or coach.

Date: _____ Parent's Signature: _____

EMERGENCY TREATMENT

To all parents: It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, this will allow the hospital to treat the injury.

EMERGENCY INFORMATION

Name: _____ Sex: M F Home Phone: _____

Age: _____ Date of Birth _____

Street Address: _____

City: _____ ST _____ ZIP _____

Father's Name: _____

Father's Work Phone _____ Father's Cell Phone _____

Mother's Name: _____ Cell _____

Alternate Contact: _____ Relationship _____

Alternate Contact's Home _____

Consent Statement: Authorizing Treatment

Parent/Guardian Signature: _____ Date: _____

Allergies or other known medical conditions coaches need to be aware of:
