

NOTE: THIS INFORMATION WILL NOT BE SHARED WITH ANYONE. IT IS ONLY INTENDED FOR THE COACHING TEAMS INFORMATION - FOR ATHLETE SAFETY

ATHLETE FULL NAME	
DATE OF BIRTH	
PARENT/GUARDIAN NAME	
PARENTS /GUARDIAN PHONE NUMBER	
EMERGENCY CONTACT NAME	
EMERGENCY CONTACT PHONE NUMBER	
INSURANCE PROVIDER	
INSURANCE POLICY OR GROUP NUMBER	
PRIMARY CARE PHYSICIAN	
PHYSICIAN ADDRESS	
PHYSICIAN PHONE NUMBER	

LIST ANY HEALTH CONDITIONS, ALLERGIES (FOOD, MATERIAL, OR MEDICATION) THAT YOUR COACHES MAY NEED DURING AN EMERGENCY

LIST ANY MEDICATIONS THAT YOUR COACHES MAY NEED TO KNOW ABOUT DURING PRACTICE, A COMPETITION, OR AN EMERGENCY

IS THERE ANYTHING HEALTH AND SAFETY RELATED THE COACHING TEAM NEEDS TO KNOW ABOUT THE ATHLETE - PLEASE FILL IN BELOW.

BY SIGNING BELOW THE ATHLETE AND THE ATHLETES PARENTS/GUARDIANS CONSENT THE ABOVE INFORMATION IS ACCURATE. IN ADDITON THE BELOW SIGNATURES GIVE CONSENT FOR THE ATHLETE TO PARTICIPATE IN THE BEND HIGH ARCHERY TEAM.

ATHLETE PRINTED NAME	PARENT / GUARDIAN PRINTED NAME
ATHLETE SIGNATURE	PARENT / GUARDIAN SIGNATURE
DATE SIGNED	DATE SIGNED

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