

2017-2018
OFF-SEASON CONDITIONING PERMIT
(Please give to Coach)

My son/daughter _____, has my permission to participate
(Name)
in Off-Season Conditioning for _____ during the 2017-2018 season.
(Sport)

He/she is in _____ grade and attends _____ school.
(As Of Fall 2017-2018 School Year) (as Of Fall 2017-2018 School Year)



Parent / Guardian signature

Date

All participants must carry medical insurance to play or practice.
(Please copy front and back of insurance card and attach to this form)

DOUGLAS HIGH SCHOOL
CONTACT INFORMATION

Student's Name _____ Home/Cell Phone _____

Address _____ City/State/Zip _____

Parent's (Guardian's) Name _____

Father's Business Phone / Cell _____ Mother's Business Phone / Cell _____



Name of Insurance Company _____ Member/ID # _____

Medical History / Allergy Alert _____

Emergency Contact in the event you cannot be reached:

_____ Phone _____

Preference of Physician or Hospital:

_____ Phone _____ Address _____

_____ Phone _____ Address _____

If the above Physician or Hospital is not available, do we have permission to take your child to an available physician or the nearest hospital?

Yes _____ No _____



Parent Signature _____ Date _____

(To be given to the COACH in the pre-season)