

2018-2019  
**OFF-SEASON CONDITIONING PERMIT**  
**(Please give to Coach)**

My son/daughter \_\_\_\_\_, has my permission to participate  
(Name)  
in Off-Season Conditioning for \_\_\_\_\_ during the 2018-2019 season.  
(Sport)

He/she is in \_\_\_\_\_ grade and attends \_\_\_\_\_ school.  
(As Of Fall 2018-2019 School Year) (As Of Fall 2018-2019 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)**