

WHCS Athletic Participation Form

1700 Buckeye Rd, Winter Haven, FL 33881 Phone (863) 294-4135

_____	_____	____/____/____
Name as it appears on Birth Certificate	Grade	Date of Birth
_____	_____	_____
Street Address	City	Zip

Insurance Information Individual or Group Health/Accident Insurance

_____	_____	_____
Policy Holder's Name	Insurance Company Name	Policy Number

Emergency Medical Treatment Permission and Information

I hereby authorize the school to obtain, through a physician of its own choice, any emergency care that may become reasonable necessary for the student in the course of athletic activities or travel. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing coverage for the above named student.

Date of last tetanus Shot: _____
Allergies and/or special medical problems: _____
Medication taken by student: _____
Family physician name: _____ Phone: _____

Student Participation/Travel Permission/ Notary Public

I hereby give my consent for the above named student to represent his/her school in athletics, including team travel for local or out-of-town trips, for the current school year. The above named student has my permission to participate in all athletic trips during the current school year. I absolve the school and driver of the vehicle from liability if an accident or injury occurs during one of those trips. I also authorize medical personnel to administer first aid to my child if an injury or illness should occur.

Statement: The above named student resides with me, and I do hereby certify that I have read this form and understand the rules contained herein, and that the information supplied is true and correct to the best of my knowledge. I understand that this student must continue to reside with me to maintain eligibility. I accept the responsibility to inform the school of any future changes in this information. All of the information I have given on this page is true to the best of my ability.

X _____
Legal Signature of Parent/Guardian Date Home Phone Number Cell Phone Number

X _____
Legal Signature of Parent/Guardian Date Home Phone Number Cell Phone Number

For Notary Public
STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledge before me this _____ day of _____, 20____, by _____, whom I do personally know or who has produced _____ as identification.

My commission expires (stamp):

X _____
Notary Public, State of Florida at Large