

## Athletic Permission and Emergency Contact Information

*Please indicate the sport(s) your student will participate in:*

### Fall Sports

Cross-Country  
Girls' Field Hockey  
Football  
Boys' Golf  
Girls' Gymnastics  
Boys' Soccer  
Girls' Softball  
Boys' Tennis  
Girls' Volleyball

### Winter Sports

Girls' Basketball  
Boys' Basketball  
Girls' Swimming  
Wrestling

### Spring Sports

Boys' Baseball  
Girls' Golf  
Boys' Lacrosse  
Girls' Lacrosse  
Girls' Soccer  
Boys' Swimming  
Girls' Tennis  
Track

## Parent Approval For Participation In Denver Public School Athletics.

1. School district transportation will be utilized by all teams as available. When school district transportation is not available, transportation will be, as authorized by the school Athletic Director and /or Coach.
2. I have read the following information with my son/daughter and understand that athletes must abide by its terms.
3. Students in the Denver Public Schools are eligible to participate in a medical, dental and life insurance program at their own expense. The building Principal or the Athletic Director has the necessary forms.

By its very nature, competitive athletics may put students in situations in which **SERIOUS, CATASTROPHIC** and perhaps, **FATAL ACCIDENTS** may occur.

Date \_\_\_\_\_

Parent/Guardian

Signature \_\_\_\_\_

Student

Signature \_\_\_\_\_

**ATHLETE EMERGENCY INFORMATION**

Date \_\_\_\_\_

Name of Athlete \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Insured By: \_\_\_\_\_

Policy No. \_\_\_\_\_

Family Doctor (1) \_\_\_\_\_ Phone \_\_\_\_\_

(2) \_\_\_\_\_ Phone \_\_\_\_\_

Relative (1) \_\_\_\_\_ Phone \_\_\_\_\_

Relative (2) \_\_\_\_\_ Phone \_\_\_\_\_

**IF CONTACT CANNOT BE MADE WITH ANY OF THE ABOVE, THE COACH WILL USE HIS BEST JUDGMENT TO PROTECT AND ASSIST THE INJURED IN ACCORDANCE WITH THE DENVER PUBLIC SCHOOL POLICY.**