CHINA SPRING

Independent School District

Student Athlete Travel Information

Emergency and Insurance Information

Emergency Information

Student's Name _____ Birthdate _____
Last First Middle

Address _____ , _____ TX _____
City Zip

Phone _____ Social Security _____ Sex ( )Male ( )Female

Parent's Name - Mother _____ Father _____
(Guardian's)

Daytime Phone(s) -Mother _____ Father _____
(cell) (cell)

If Parent / Guardian cannot be reached, please notify: _____
Name Phone

Insurance Information

Family's Primary
Insurance Company _____ Phone _____

Circle One: *Individual* *Group* *None* Policy Number _____ Group Name _____

Insured Parent/Guardian Name _____ Employer _____

Please list current medications: _____

I hereby give my consent for _____
Student's Name (printed)

to compete in University Interscholastic League approved sports, and travel with the coach or the other representative of the school on any trips.

If, in the judgment of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless China Spring I.S.D. and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

CSISD **WILL NOT** be responsible for medical or other costs related to injuries received by the above participant.

I, _____ , have read all of the above and understand the
please print parent/guardian name

provisions as set forth.

Parent/Guardian's Signature Date

Athlete's Signature Date