

**SKYRIDGE MIDDLE SCHOOL**  
**ATHLETIC AND MEDICAL EMERGENCY AUTHORIZATION FORM**

Check the box next to the sport you are playing each season. Please put an "M" after the sport if you are going to be a manager. Return this form to the Athletic Office at Skyridge Mid School.

**SEASON 1 (Aug-Oct)**

- Football 7-8
- Girls Cross Country 6-7-8

**SEASON 2 (Oct-Dec)**

- Wrestling 6-7-8
- Girls Volleyball 7-8

**SEASON 3 (Jan-Mar)**

- Boys Basketball 7-8
- Girls Basketball 7-8
- Knowledge Bowl 6-7-8

**SEASON 4 (Apr-June)**

- Boys/Girls Track 6-7-8

Name of Student \_\_\_\_\_  
Last First Middle Initial Grade

- Full Time Skyridge Student    Private School Student    Home Schooled Student\*

**\*If you are a home school student, you must show that you are registered with the Camas District Office.**

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency phone other than parent: (Neighbor, Relative, Friend, etc)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

**Health and Dental Insurance is Required by the WIAA for participation in athletics.**

Health Insurance Provider \_\_\_\_\_ Policy No. \_\_\_\_\_

Does your health provider cover dental accidents? \_\_\_\_\_ yes \_\_\_\_\_ no

Emergency Dental Provider (If not covered by medical)

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

As parent or legal guardian, I authorize the team physician or, in his absence, a qualified physician to examine the above-named student in the event of injury. I also give permission to administer emergency care and to arrange for any consultation by a specialist, including a surgeon if deemed necessary, to insure proper care of any injury. Every effort will be made to contact a parent or guardian to explain the nature of the problem prior to any involved treatment.

I have also read the Athletic Code of Conduct and agree that my son/daughter must follow the guidelines set forth. A fee of \$25.00 per sport will be assessed for participating students.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

I have read the Athletic Code of Conduct and agree to follow the guidelines set forth.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_