

**Newark Community Consolidated School
District # 66**

*Dr. Diane Cepela, Superintendent / Principal
Ms. Demetra Turman, Principal*

PLEASE FILL OUT 1 FORM PER ATHLETE FOR THE 2016-2017 SCHOOL YEAR

PARENT OR GUARDIAN PERMISSION FOR SPORTS PARTICIPATION

Date of Birth _____ Grade _____ Soccer____ Volleyball____ Cheerleading____ Track____
Boys Basketball____ Girls Basketball____

_____ has my permission to participate in athletics at Newark Grade
Student's Name School/Millbrook Jr. High School

FATHER'S NAME _____ Home Phone _____ Work Phone _____

MOTHER'S NAME _____ Home Phone _____ Work Phone _____

In case of an emergency and we are unable to contact either parent, we need the names and phone numbers of one blood relative and one neighbor who would be able to locate the parents, and/or act on their behalf.

RELATIVE'S NAME _____ Home Phone _____ Work Phone _____

NEIGHBOR'S NAME _____ Home Phone _____ Work Phone _____

Please list your hospital and doctor preference:

Hospital _____ Phone # _____ Doctor _____ Phone # _____

PLEASE READ BEFORE COMPLETING AND SIGNING

I hereby give my permission to any qualified physician or trainer to administer emergency treatment to the above named student when the supervisor/coach feels there is such a need for emergency treatment. YES NO

The student named above is covered by my family hospitalization and medical insurance. If yes, name of company: YES NO
_____ OR

The student named above is covered by the insurance offered by the school. (Student MUST be covered by this insurance unless covered by family insurance listed above.) YES NO

I have received and understand the district eligibility policy.

I have received and understand the district concussion policy.

SIGNATURE OF PARENT OR GUARDIAN _____