



Student-Athlete Information

Student-Athlete Name <i>(First, Middle, Last)</i>		Date of Birth	M	F
			Sex	
School		Sport #1		
Home Phone	Cell Phone	Sport #2	Sport #3	
Address		Height	Weight	
City, ST ZIP Code		Year in School	9	10
			11	12

Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact	
Home/Cell Phone	Work Phone	Home/Cell Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	
Email		Email	

Medical Information

Insurance Company	Policy Number
Name of Insured / Policy Holder	

***** Please include a Copy of your Insurance Card (Front & Back) *****

Allergies/Special Health Considerations

Medications



Informed Consent / Permission to Treat Authorization

Participation in athletics involves a risk of injury. This school has partnered with the Vereen Rehabilitation Center to provide athletic training services for its sports programs and athletes. Athletic trainers are highly qualified health care professionals who collaborate with physicians on the health and well-being of athletes. The athletic trainers employed by the Vereen Center and contracted to the school are nationally certified by the National Athletic Trainers' Association (NATA) Board of Certification (BOC) and licensed by the State of Georgia.

The athlete and the parent(s)/guardian(s) understand that participating in athletics can be dangerous, and that the athlete could be risking bodily injury and even death by participating. Participation on any team is strictly voluntary. The athlete and the parent(s)/guardian(s) hereby assume full responsibility for any and all injuries and other losses that athlete may suffer due to participation in athletics and release the Vereen Rehabilitation Center and the athletic trainer from any claim or liability for any injury or other loss the athlete may suffer due to participation in athletics, regardless of the cause of the injury or other loss. The athlete and the parent(s)/guardian(s) also understand that the risk to have contact with individuals who have been exposed to and/or have been diagnosed with one or more communicable diseases – including but not limited to COVID-19 or other medical conditions, diseases, or maladies – does exist, and it is impossible to eliminate the risk that the athletes could be exposed to and/or become infected through contact with or close proximity to an individual with a communicable disease. The athlete and the parent(s)/guardian(s) agree to hold harmless the Vereen Rehabilitation Center and the athletic trainer from any and all liability, damages, and expenses which may be incurred as a result of any claim that may arise from the athlete's participation in athletics. The athlete and the parent(s)/guardian(s) also agree to forfeit any litigation arising out of such activities and any subsequent injury or other loss.

The parent(s)/guardian(s) of the athlete listed below hereby grant permission to the Vereen Rehabilitation Center and the athletic trainer to provide athletic training services in the form of prevention, assessment, immediate care, treatment, management, and therapeutic rehabilitation of any acute sports injury that may be suffered by the athlete during participation in athletic activities. Athletic trainers are authorized to include over-the-counter medications (such as ibuprofen, naproxen, acetaminophen, aspirin, antacids, and anti-nausea meds) in the course of treatment. Permission for the athlete to participate in the Vereen Rehabilitation Center's concussion management program is also granted. An emergency referral to an appropriate physician or medical facility is also consented if, in the opinion of the athletic trainer, treatment or further evaluation is necessary.

Name of Athlete

Printed Name of Parent / Guardian

Signature of Parent / Guardian

Date