

The Calverton School Athletics Gold Card

CONTACT INFORMATION

| | | | | | |
|--|-------|----------------------------|-----------------------|-------------------------|------------------|
| STUDENT-ATHLETE LAST NAME | | STUDENT-ATHLETE FIRST NAME | | SPORT(S) | |
| GENDER | GRADE | DATE OF BIRTH | ADVISOR | | DATE OF PHYSICAL |
| ADDRESS | | | | STUDENT CELL PHONE | |
| PARENT/GUARDIAN NAME | | | CELL PHONE | | WORK PHONE |
| PARENT/GUARDIAN NAME | | | CELL PHONE | | WORK PHONE |
| PARENT EMAIL ADDRESS | | | STUDENT EMAIL ADDRESS | | |
| EMERGENCY CONTACT (Other than parent/guardian) | | | | EMERGENCY CONTACT PHONE | |

MEDICAL INFORMATION

| | | | | | |
|---|-----------|--------------------------|------------------|---------------------|--|
| FAMILY PHYSICIAN | | FAMILY PHYSICIAN PHONE | | HOSPITAL PREFERENCE | |
| DENTIST | | DENTIST PHONE | | ALLERGIES | |
| DIABETES | EPILEPTIC | HEPATITIS | CARDIAC PROBLEMS | BLOOD DISORDER | |
| OTHER | | PRIOR INJURIES WITH DATE | | | |
| HEAD (CONCUSSIONS)/NECK/BACK INJURIES WITH DATE | | | | | |

I hereby give my permission for, _____ to participate in _____. Realizing that athletic activity involves the potential for injury, which is inherent in all sports, we acknowledge that even with the best coaches, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death. I acknowledge that I have read and understand this warning. I also declare that the above student has not received an previous physical injury and has no physical disability that may be jeopardized or aggravated by the sport(s) in which he/she is allowed to participate. It is to the best of my knowledge that my child is physically fit to participate in this sport(s).

| | | |
|------------------------------|---------------------------|------|
| Parent/Guardian Name Printed | Parent/Guardian Signature | Date |
|------------------------------|---------------------------|------|

| | | |
|------------------------------|---------------------------|------|
| Student-Athlete Name Printed | Student-Athlete Signature | Date |
|------------------------------|---------------------------|------|

FOR OFFICE USE ONLY- _____ PHYSICAL _____ CONCUSSION BASELINE TEST _____