

ST. MATTHEW'S MUSTANG'S EMERGENCY CONTACTS

2020-2021 Sports Season

Child's Name:

Age:

Date of birth:

Medical Conditions:

Allergies:

Current medications:

Family Doctor:

Doctor's Phone:

Email Address:

Parent's/guardian's name:

Home phone:

Work phone:

Cell phone:

Alternate contact's name:

Home phone:

Work phone:

Cell phone:

Alternate contact's name:

Home phone:

Work phone:

Cell phone:

Special Notes:

*A New Emergency Contacts sheet must be submitted yearly, and every time information changes.



INTERSCHOLASTIC ATHLETIC ACTIVITIES WAIVER (Grades 4 thru 8)



Name of Student

Age

Grade

I here by give permission for the above named student to compete and represent **St. Matthew's Lutheran School** in interscholastic athletic activities.

I attest that the student has not been hospitalized or suffered any serious illness or injury precluding his participation in athletic activities.

My insurance coverage is adequate to cover the cost incurred by accident or injury to the above named student.

Date: _____ Signature of Parent: _____



PLEASE FILL OUT BOTH SIDES

Mandatory Athletic Meeting
August 26, 6:30 p.m. in the gym.

