

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Student's Social Security: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student's address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Father's Cell/Pager: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Cell/Pager: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Office Number: \_\_\_\_\_

Emergency contact in case parent/guardian cannot be reached:

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical History

- Does your child have a previous history of: Yes No
Bone/joint injury/disease?
Neck injury?
Being unconscious/knocked out?
Seizures/convulsions?
Frequent headaches?
Bleeding/blood disorders?
Heat illness?
Allergies (seasonal, insects)?
Allergies (medication)?
Heart disease?
High blood pressure?
Heart murmur?
Viral infection (mono)?
Eye/vision problems?
Missing/non-functioning limb?
Asthma?
Emotional disturbances?
Take medication?
Had surgery in the past year?
Currently under physicians care?
Wearing contacts/glasses?

Insurance Information

Insured's Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_

Policy #: \_\_\_\_\_

PPO or HMO: \_\_\_\_\_

Explain all yes answers:

Blank lines for explaining 'yes' answers.

I hereby understand that this form is for tryout use only and once tryouts are over I must have a complete physical on file in the training room to participate with the squad.

If in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to the said student by any physician, athletic trainer, nurse, hospital, or school representative: and I do hereby indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

Note: You will not be covered by the Conroe ISD insurance plan during tryouts. Any injury that occurs will be the responsibility of the parent/guardian.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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