Revised 3-18-13

U.I.L. Athletic Participation Form
Corpus Christi Montessori School

Emergency
Participation Notifications

Emergency Information (**Please fill out all information in black or blue ink**)

School Year: 20___ - 20___ Grade:______ Sport(s): ___________________________

Athlete's Name:___________________________ Student ID #: ____________________ Sex: Male Female

Home Address:____ City:____________________ Zip:___________

Home Phone #:_____________________________ Birth date: _________________________ Age: __________

Father's Name:___________________________ Wk Phone #:________________ Cell Phone #:________________

Mother's Name:__________________________ Wk Phone #:________________ Cell Phone #:________________

Emergency Information

People to call in an Emergency if a Parent/Guardian cannot be reached:

Name:________________________________ Relation:_______________________ Phone #:____________________

Name:________________________________ Relation:_______________________ Phone #:____________________

Name:________________________________ Relation:_______________________ Phone #:____________________

Allergies to Medicine or other:____

Any medicine taken regularly:____

Are you Diabetic: ***Yes / No*** **Are you on insulin:** ***Yes / No.*** ____________________________________

Other Medical Alerts:____

Any removable dental work? Yes No **Contact Lenses?** Yes No

Family Physician:____ Family Physician's Phone #:______________________

Participation Notification:

If, between this date and the beginning of athletic competition or once participation in competition, any illness or injury should occur that may limit this student's participation, I agree to notify Corpus Christi Montessori School of such illness or injury.

If, in the judgment of any school representative, the student (named above) should need immediate care and treatment as may be given by any school representative, I do hereby indemnify and save harmless the school and any school or hospital representative from any claim by any person whomsoever on account of such care and treatment of said student.

Signature of Parent/Guardian:____________________________________ **Date:**_____________________