

Princeton Charter School

Home of the "Hawks"

After School Athletics Information & Permission Form

| (Please Print) Student Name: | Grade: | Date: |
|---|---|---|
| Home Address: | | |
| Home Phone: | | |
| Parent/Guardian to be contacted in the event of an e | emergency occurring o | luring after school athletics: |
| #1: Name: | Daytime Phone: | Cell Phone: |
| Additional Emergency Contact: | | |
| #2: Name:l | Relationship to Studer | nt: |
| Γ | Daytime Phone: | Cell Phone: |
| Please list all known allergies: | | |
| | t of Insurance | |
| My child is covered for injury under a policy with: | | |
| Insurance Company: Primary Policy Holder Name: Policy #: Group #: | | |
| Policy #: | Group #: | |
| Athletic Participat | ion Permission & C | <u>Consents</u> |
| I hereby give permission for my child, | lize that such activity a proper coaching, the ad that on rare occasion acknowledge that I has grounds for the purpose Id will be transported to contact me have fair all care and further aut to preserve the health | involves the potential for injury that is use of protective equipment and strict ons these injuries can be so severe as to eve read and understand this warning. The of participating in off-site practice by a school bus leased by the school. The led, I authorize the Princeton Charter chorize any licensed physician and/or and well-being of my child. |
| Parent/Guardian Signature: | | Date: |