



CONSENT TO TREAT AND EMERGENCY CONTACT INFORMATION FORM

SPORT: _____

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

CITY: _____

ZIP CODE: _____

DATE OF BIRTH: _____

YEAR: _____

Fr.

So.

Jr.

Sr.

TELEPHONE: _____

HOME: _____

CELL: _____

E-MAIL: _____

EMERGENCY CONTACT: _____

RELATION: _____

EMERGENCY CONTACT NUMBER: _____

PRIMARY CARE PHYSICIAN (IF APPLICABLE): _____

ORTHOPEDIC PHYSICIAN (IF APPLICABLE): _____

INSURANCE NAME: _____

EXPIRATION DATE: _____

PLEASE LIST ANY SIGNIFICANT INJURIES, ALLERGIES, AND DATES OF SURGERY:

I freely and voluntarily assume all risks of participation in school-approved athletics/activities. I also give consent to have Athletico athletic trainers, physical therapists, massage therapists or other affiliated qualified medical personnel to provide me with medical assistance and/or treatment and agree to save and hold harmless and indemnify each and all Athletico personnel from all liability, loss, cost, or other claim of damage whatsoever, including, injury, death or damage to property.

If participant is under the age of 18, waiver must also have parent or legal guardian signature.

PLAYER/PARENT SIGNATURE

DATE