

AUBURN CITY SCHOOLS ATHLETICS

Student Name: _____ Birthdate: _____

Grade for School Year 2016-17: AHS: 12th 11th 10th AJHS: 9th 8th DRAKE: 7th

Parent/Guardian Contact Information

Parent/Guardian Email: _____

Parent/Guardian Cell #: _____

Health Insurance Information

We/I, the undersigned, understand that the Alabama High School Athletic Association requires that each participant in school athletic programs be covered by adequate insurance. We/I assume full financial responsibility for ANY expenses incurred as a result of injuries he/she may receive while participating in Auburn City Schools Athletics.

My child is covered through adequate insurance, either personal or Medicaid. We/I have completed the information below or have attached a copy of my insurance card.

Insurance Carrier _____ Policy Number _____

We/I wish to enroll my child in the school insurance program. Policy/Premium information and registration forms are available in the Athletic Office.

Authorization to Release Medical Information

We/I, the undersigned, do hereby authorize and consent to having SportsMed & The Orthopaedic Clinic, P.C. and their respective employees to use or disclose to the Auburn City Schools coaches and/or school administration medical information on an injury or condition which directly pertains to my child's athletic participation with Auburn City Schools Athletics.

We/I understand that this information is protected under federal law and we/I may revoke this authorization by providing written notice. It is also understood that if information has been released by relying upon this authorization, that revocation will not be valid. We/I also understand that SportsMed & The Orthopaedic Clinic, P.C. will not condition treatment based on authorization.

Parent/Guardian Signature

Date