



Athletic Emergency Form

Season: _____

Year: _____

| | | |
|------------------|--------|-----------|
| Participant Name | Gender | Birthdate |
| | | |

| | | |
|----------|--------|-----------|
| Address: | | |
| City: | State: | Zip Code: |

Please check program you are currently registering for:

- | | | |
|---|--|--|
| <input type="checkbox"/> T-Ball | <input type="checkbox"/> Feeder Basketball | <input type="checkbox"/> Girls Softball League |
| <input type="checkbox"/> Flag Football | <input type="checkbox"/> Youth Basketball | <input type="checkbox"/> Girls Travel Softball |
| <input type="checkbox"/> Youth Volleyball | | |

Parent/Guardian Information

| | | |
|--------------------------------------|---|--|
| Mother/Guardian 1 Information | Name: | |
| Primary Phone: | Secondary Phone: | |
| Email: | <input type="checkbox"/> Check box if authorized to pick up child | |

| | | |
|--------------------------------------|---|--|
| Father/Guardian 2 Information | Name: | |
| Primary Phone: | Secondary Phone: | |
| Email: | <input type="checkbox"/> Check box if authorized to pick up child | |

Emergency Contact

Emergency Contacts must be persons other than parents/guardians listed above

| | |
|----------------|---|
| Name: | Relationship to Child: |
| Primary Phone: | <input type="checkbox"/> Check box if authorized to pick up child |

| | |
|----------------|---|
| Name: | Relationship to Child: |
| Primary Phone: | <input type="checkbox"/> Check box if authorized to pick up child |

| | |
|----------------|---|
| Name: | Relationship to Child: |
| Primary Phone: | <input type="checkbox"/> Check box if authorized to pick up child |

Authorized Pickup Information

If any additional people are authorized to pick up your child, please complete this section. (Optional)

| | | |
|-------|---------------|--------|
| Name: | Relationship: | Phone: |
| Name: | Relationship: | Phone: |
| Name: | Relationship: | Phone: |

Medical & Health History

Please check all that apply. Include specifics where applicable.

| Illnesses | Allergies – include specifics | Others/Special Needs |
|---|--|--|
| <input type="checkbox"/> Heart defect/disease <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> Bleeding/Clotting Disorders <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Seizures* Please use space below to specify type and frequency of the seizures: <input type="checkbox"/> Other* Please use the space below to specify: | <input type="checkbox"/> Insect Bites/Stings <input type="checkbox"/> Pollen <input type="checkbox"/> Latex <input type="checkbox"/> Medicines/Drugs <input type="checkbox"/> Nuts <input type="checkbox"/> Milk <input type="checkbox"/> Food (specifics) <input type="checkbox"/> Other Please explain type of allergy and severity of reaction: <hr/> Severe Allergies Does your child require an: <input type="checkbox"/> EpiPen <input type="checkbox"/> Inhaler If yes: <ol style="list-style-type: none"> 1. Parent/Guardian must fill out the <i>Allergy Action Plan Form</i> 2. Parent/Guardian must supply the Grayslake Park District with the required medication. | <input type="checkbox"/> Wears Contacts/Glasses <input type="checkbox"/> Fainting <input type="checkbox"/> Ear Problems/Tubes <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Emotional Behaviors <input type="checkbox"/> ADD/ADHD <ul style="list-style-type: none"> <input type="checkbox"/> Medicated <input type="checkbox"/> Non-Medicated <input type="checkbox"/> Nose Bleeds Will your child be taking medication during this program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <ol style="list-style-type: none"> 1. Parent/Guardian must complete the <i>Permission to Dispense Medication Form & Waiver</i>. 2. Parent/Guardian must supply the Grayslake Park District with the required medication. |

Are there any special family circumstances we should be aware of (i.e. divorce, recent move, etc.)?

I have read and understand the Athletic Program Parent Handbook and agree to the Grayslake Park Districts Code of Conduct listed in the handbook.

| | | | |
|------------------------------|-----------------------------|----------------------------------|-------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Parent/Guardian Signature: _____ | Date: _____ |
|------------------------------|-----------------------------|----------------------------------|-------------|

I give my permission for my child to receive necessary health care and emergency medical treatment. This Athletic Emergency Form is complete and accurate. I will not allow my child to attend if they become exposed to any contagious disease, or if for any reason, I do not consider my child to be in good physical condition.

Parent/Guardian Signature: _____ Date: _____