## MIRALESTE BOOSTER CLUB EMERGENCY CARD

Club/Sport you are signing up for: Student Name (please print):		Email:	
		Grade:	School Year:
		E. I UNDERSTAND THAT I HAVE GI _Y. Please initial here	
Derent/Cuerdian Signatu		Student Participant Signature	
Parent/Guardian Signature Printed Name of parent and guardian			
Emergency Information	: In case of emergency, please p	print the name and telephone number	of two contact people.
1. Name	Relationship _	Telephone _	
2. Name	Relationship _	Telephone _	
Please list your personal	physician, dentist and telephone	numbers.	
Doctor	Dentist	Hospital	
Telephone	Telephone	Telephone	
Student wears contacts?	Yes No		
** Allergies, special me	dications or pertinent informat	ion:	
	n can not be reached, permission is here hould serious illness or injury occur during	by given for the physician, dentist, and/or hosp g any Booster Club activity.	ital designated above to provide
Parent/Guardian Signatu	ire	Date	
Mother Name	Address	Home phone	Work phone
		Home phone	
Student Name	Address	Home phone	
MY CHILD IS INSURED THROUGH		EALTH INSURANCE PLANS (Available for purchase) CE COMPANY:	No ( ) Yes ( ) Date Purchased
possible. Be aware that there a (athletic/recreation) activities. If or property associated with par responsible for any loss, dama use of intermural and intramura insurance for sports participant	are risks and hazards, minor and serious, Participants and their parents voluntarily a ticipation in sports activities. The Mirales ge, illness, or injury to persons or propert al facilities and equipment. The Miraleste	e safest experience for all participants, but insu, associated with participation in intermural and assume all responsibility and risk of loss, dama ste Intermediate School Booster Club, its officer y arising out of or relating to participation in clu Intermediate School Booster Cub does not pro nsurance prior to participation is strongly recon	intramural sports ge, illness, and/or injury to person rs, and instructors are not b or sports activities, including the povide medical, health, or other

Parent/Guardian Signature \_\_\_\_\_