

EMERGENCY STUDENT INFORMATION CARD

For Official Use Only:

HS Soccer: _____

HS VB: _____

HS BB: _____

HS T&F: _____

MS Soccer: _____

MS BB: _____

MS VB: _____

Please Print

Student's Name: _____
Last Name First Name MI

Birth Date: _____ Male/Female Grade: _____

Physical Address: _____

Email: _____

Email: _____

Where can parents/guardians be reached if not at home?

Mother/Guardian: _____ Cell # _____

Father/Guardian: _____ Cell # _____

Mother Work/Home Telephone Number: _____

Father Work/Home Telephone Number: _____

Physician's Name: _____

Address: _____

Phone: _____

Insurance Name: _____

Policy Number: _____

Known Allergies/Medical Conditions: _____

List two emergency contacts who will assume temporary care of your child if you cannot be reached.

1. Name: _____ Relationship: _____

Cell Number: _____ Work Number: _____

2. Name: _____ Relationship: _____

Cell Number: _____ Work Number: _____

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

Signature of Parent/Guardian: _____ Date: _____

Grand Canyon Unified School District #4

INTERSCHOLASTIC ATHLETIC PARTICIPATION FORM 2024-2025

STUDENT NAME: _____

MOTHER CELL: _____ FATHER CELL: _____

Email: _____

LEGAL NOTICE:

Parental or Legal Guardian Consent Rule – Parental or legal guardian consent is required before a student can be eligible to practice or compete in interscholastic competition. All students shall have on file with the Athletic Director, the following authorized participation form.

I give my permission for _____ to participate in the organized interscholastic athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules; injuries are still a possibility. I understand that on rare occasions an injury can be so severe as to result in total disability, paralysis, quadriplegia, or even death.

I acknowledge that I have read and understand this warning.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

PARTICIPATION

I give my permission for _____ to participate in the following organized interscholastic athletics (check the appropriate space(s):

___ High School Volleyball
___ High School Soccer
___ High School Basketball
___ High School Track

___ Middle School Volleyball
___ Middle School Soccer
___ Middle School Basketball

Under no circumstances are participants allowed to use school equipment for personal use without the specific approval of the Athletic Director.

CONSENT BY SIGNING THIS FORM WE ACKNOWLEDGE THAT:

- We have read the information contained with the Interscholastic Participation Form and understand our responsibilities.
- We have received a copy of the Grand Canyon Sports Athletic Handbook. We have read and understood it, and that we pledge to uphold the conditions and policies stated therein.
- We also understand that any falsification on this document may result in the student losing a year of participation and eligibility in interscholastic athletics at Grand Canyon Unified School District.

Parent/Legal Guardian

Date

Student

Date