

Items marked with an asterisk (*) are required.

*Only the Parent/Legal Guardian signature is needed on this form.

Athlete Information

* Last Name	* First Name	* MI
_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>MI</small>

* Sex	* Grade	* Age	* DOB
_____	_____	_____	_____

* Allergies

* Medications

* Insurance	* Policy Number
_____	_____

* Group Number	* Insurance Phone Number
_____	_____

Emergency Contact Information

* Home Address	* City	* Zip
_____	_____	_____

Home Phone	* Mother's Cell	* Father's Cell
_____	_____	_____

* Mother's Name	Work Phone
_____	_____

* Father's Name	Work Phone
_____	_____

* Another Person to Contact

* Phone Number	* Relationship
_____	_____

Legal/Parent Consent

I/We hereby give consent for (athlete's name)
_____ to represent (name of school)

in athletics realizing that such activity involves potential for injury. I/We acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible. **On rare occasions these injuries are severe and result in disability, paralysis, and even death. I/We further grant permission to the school and TSSAA, its physicians, athletic trainers, and/or EMT to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and well being of the student athlete named above during or resulting from participation in athletics.** By the execution of this consent, the student athlete named above and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comments pertaining to the student athlete on the forms attached hereto by those practitioners performing the examination. As parent or legal Guardian, **I/We remain fully responsible for any legal responsibility which may result from any personal actions taken by the above named student athlete.**

* Parent's Signature

* Date

06/10/20

Signatures

Parent / Guardian

Print Name: _____

Signature: _____

Date: _____

My clicking on the Sign & Submit Form button below is my signature and indicates that to the best of my knowledge, my answers and information provided to the above questions are complete and correct. I understand that the information about my account that I have provided on this form may be used for analytical and research purposes anonymously (without any personally identifying information). I consent to the access and use of this data by Tennessee Secondary School Athletic Association, the Putnam County, PlanetHS, LLC.