



ECS Athletic Participation Form

8237 Beacon Blvd., Ft Myers, FL 33907
Phone (239) 936-3319 * Fax (239) 425-3081

2010-2011
School Year

Student Information

_____ Name as it appears on Birth Certificate	_____ Grade	____ / ____ / ____ Date of Birth	____ - ____ - ____ Social Security Number
_____ Street Address		_____ City	_____ Zip Code

Insurance Information

Individual or Group Health/Accident Insurance

_____ Policyholder's Name	_____ Insurance Company Name	_____ Policy Number
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Emergency Medical Treatment Permission and Information

I hereby authorize the school to obtain, through a physician of its own choice, any emergency care that may become reasonably necessary for the student in the course of athletic activities or travel. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing coverage for the above named student.

Date of last tetanus shot: _____

Allergies and/or special medical problems: _____

Medications taken by student: _____

Family physician name: _____ Phone #: _____

Student Participation/Travel Permission/Notary Public

I hereby give my consent for the above named student to represent his/her school in athletics, including team travel for local or out-of-town trips, for the current school year. The above named student has my permission to participate in all athletic trips during the current school year. I absolve the school and driver of the vehicle from liability if an accident or injury occurs during one of these trips. I also authorize medical personnel to administer first aid to my child if an injury or illness should occur.

Statement: The above named student resides with me, and I do hereby certify that I have read this form and understand the rules contained herein, and that the information supplied is true and correct to the best of my knowledge. I understand that this student must continue to reside with me to maintain eligibility. I accept the responsibility to inform the school of any future changes of this information. All of the information I have given on this page is true to the best of my knowledge.

<input checked="" type="checkbox"/> _____ Legal Signature of Parent/Guardian	_____ Date	_____ Home Phone Number	_____ Cell Phone Number
<input checked="" type="checkbox"/> _____ Legal Signature of Parent/Guardian	_____ Date	_____ Home Phone Number	_____ Cell Phone Number

For Notary Public:

STATE OF FLORIDA
COUNTY OF LEE

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,

by _____, whom I do personally know or who has produced _____ as identification.

My commission expires (stamp):

Notary Public, State of Florida at Large