

**WOOD RIVER HIGH SCHOOL**

**Mountain Bike Team**

**ACTIVITY EMERGENCY CONTACT INFORMATION**

Student's Name \_\_\_\_\_ Name of activity \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Attending School: \_\_\_\_\_

Father's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

**IN CASE OF ILLNESS OR INJURY, THE COACH SHOULD NOTIFY:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

In the event the above named person cannot be located, please indicate the names of two individuals the coach may call:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to \_\_\_\_\_ treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation.

Signed \_\_\_\_\_

**(Parent/Legal Guardian)**

Allergies \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Family Health Insurance Plan \_\_\_\_\_

Please indicate any unusual health problems your child may have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

