

INJURY INFORMATION

This card should accompany the coach to all practices and contests!!! It also should be in the school's central file during off-season.

NAME _____		GRADE _____	
Age _____	BIRTHDAY	Month	Day Year
FATHER'S NAME _____		HOME PHONE _____	
FATHER'S BUSINESS ADDRESS _____		BUSINESS PHONE _____	
MOTHER'S NAME _____		HOME PHONE _____	
MOTHER'S BUSINESS ADDRESS _____		BUSINESS PHONE _____	
DOCTOR'S NAME _____	ADDRESS _____	PHONE _____	
If parents cannot be reached call (NAME) _____			
RELATION _____		PHONE _____	
Conditions that coaches should know about _____			

HEALTH TREATMENT AUTHORIZATION

I hereby authorize the physician/hospital designated by the Affton School District to provide emergency care for treatment of illness/injury for _____ participation in the athletic program, when such illness or injury is

NAME

deemed serious, and in the event the parent, legal guardian, or nearest of kin cannot be reached after a reasonable attempt has been made.

Signature of Parent or Guardian

Signature of Student

ATHLETIC FEES

All students who wish to participate in athletic activities in the Affton School District will be charged a \$25 athletic participation fee. With the exception of Golf, in which an additional \$35 will be required for golf tees, game courses, etc...There will be a limit of \$100.00 in fees for any family during one school year (excluding golf).

Payment of the fee guarantees only that the student is eligible to play for the team. This fee does not guarantee equal playing time.

The athletic participation fee will not include payment for the required physical examination necessary for athletes to participate on a team. Each student will be required to get a physical examination and provide proof of same by submitting a physical examination form signed by a physician to the coach prior to his or her participation in the first practice.

NOTE: A physical exam, in order to be valid, must be dated no earlier than February 1 (current year) for the following school year, in which the athlete participates.

REFUNDS: If a student sustains an injury which results in his missing one-half or more of the competitive contests for that season, a partial refund will be made.

If a student is removed from a team for academic failure or disciplinary reasons, NO REFUND will be issued.

HARDSHIP: Students desiring to participate in the athletic program but whose current family financial situation prohibits payment of this fee should consult with the coach of their sport or with the athletic director. Hardship will be granted based upon the same guidelines as the Federal Lunch Program. A student on reduced lunch will pay \$10.00 for athletics, those on free lunch will be allowed to participate free in athletics (excluding golf).

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| <input type="checkbox"/> Fee Paid _____ Coach (Fall) | <input type="checkbox"/> - Request Hardship |
| <input type="checkbox"/> Fee Paid _____ Coach (Winter) | <input type="checkbox"/> - Request Hardship |
| <input type="checkbox"/> Fee Paid _____ Coach (Spring) | <input type="checkbox"/> - Request Hardship |