

Rochester School Athletic Eligibility Form
School Year: 2011-2012

Student – Athlete’s Full Name: _____

Address: _____

Date of Birth: _____ Grade: _____

Phone Number: _____ **Social Security #:** _____

Insurance Co. Name & Policy # (required): _____

Does this student – athlete have any serious allergies or medical problems (including asthma) which coaches or health personnel should know about? Does this student-athlete take any medications on a regular basis? Explain in detail. _____

In the event of injury or illness, who should Rochester School attempt to contact, and where?

Parent / Guardian Permission

My son / daughter have permission to participate in interscholastic athletics at Rochester School. School official/coaches have my permission to arrange for emergency medical treatment of my son/daughter if necessary. I have read and agree to the Athletic Eligibility Requirements stated in the Rochester Athletic Handbook and have received and read the concussion information from the school.

(Parent / Guardian signature and date)

Student – Athlete Agreement

I have read and agree to follow the Athletic Eligibility Requirements stated in the Rochester School Athletic Handbook and received and read the concussion information.

(Student – Athlete signature and date)