

Montgomery High Department of Athletics
Parent Permission and Emergency Medical Authorization



Athletic Directors – Mr. Haskins (Boys), Ms. Giovannini (Girls)
Administrative Assistants – Ms. Billing and Mr. Carter (707) 528 – 5191

Last Name: _____ First Name: _____ Sex: M F

ID #: _____ Birth Date: _____ Year in School: 9 10 11 12

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Emergency/Cell Phone: _____

Parent's Names: _____ Daytime Phone: _____

Current Physical Date: _____ (Physicals expire on one-year anniversary)

Alternate Emergency Contact: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Sport (by season) in which you son or daughter participates:

Fall _____ Winter _____ Spring _____

Please read each statement and sign below:

- 1) You have read the contents of the "Montgomery High Athletic Handbook" and agree to abide by its rules and regulations.
- 2) All school athletic uniforms and equipment will be returned within 5 days of the final event of the season.
- 3) You understand the inherent possibility for injury while playing interscholastic sports and thus give your permission to participate.
- 4) You understand the CIF – Santa Rosa City Schools Code of Conduct and will abide by its principles and precepts. Moreover, it is the student-athlete's obligation to notify the Athletic Director within 48 hours when a code violation occurs.
- 5) You certify that your son, daughter or ward has medical/accident coverage. No student will be allowed to participate in athletics unless he/she is covered under a medical/accident plan. If you need information on an insurance company, check the MHS website under athletic packets.
- 6) You consent to medical treatment for your son/daughter or ward when deemed necessary by a physician designated by school authorities and/or transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation.

Parent/Guardian Signature

Date

Student Signature

Date