



EAGLE ATHLETICS

1000 Paseo Grande, San Lorenzo, CA 94580 * 510-317-8988 * fax: 510-278-9618

2010-2011 STUDENT ATHLETE PHYSICAL AND INSURANCE FORM

This form is only good for **ONE SCHOOL YEAR**; therefore, **EVERY athlete MUST turn in a new form every year**. If your physical is still current, it will be attached to your new form. Physicals are good for one year. All athletes, both Middle School and High School, must turn in a completed form (**both sides**) before they can practice or try out for any sport. **PLEASE READ AND FILL OUT BOTH SIDES OF THIS FORM BEFORE RETURNING IT TO REDWOOD.** Every athlete MUST also have medical insurance coverage before participating in any sport. **THE SCHOOL DOES NOT PROVIDE INSURANCE COVERAGE FOR ANY SPORT** and cannot cover any medical expenses. If you need insurance, check the appropriate line below and information will be sent to you. If you have any questions, please call the athletic department.

SPORT(S) _____ AGE on 8/26/10 _____ GRADE in 10-11 _____

LAST NAME _____ FIRST _____ BIRTH DATE _____

ADDRESS _____ ZIP _____

HOME PHONE _____ FATHER WORK # _____ MOTHER WORK # _____

E-MAIL _____ FATHER CELL # _____ MOTHER CELL # _____

FATHER'S NAME _____ MOTHER'S NAME _____

MEDICAL INSURANCE CO. & ID NUMBER _____

_____ I do not have medical insurance, please send insurance order form. **YOU MUST HAVE MEDICAL INSURANCE.****

PARENT'S STATEMENT: I GIVE MY CONSENT for the above-named student to compete in sports, and I authorize the student to go with, and be supervised by a representative of the school on any trips. I further authorize a representative of Redwood Christian Schools to act for me in an emergency requiring medical attention. I also authorize the medical agent to render treatment. I agree that Redwood Christian Schools will not be held liable or responsible for any injury or accident that is sustained by my child during his/her participation in athletics. I further realize that I must have my own medical coverage.

DATE _____ PARENT'S SIGNATURE _____

DOCTOR'S STATEMENT: I HEREBY CERTIFY THAT THE ABOVE-NAMED STUDENT IS PHYSICALLY FIT TO PARTICIPATE IN SPORTS.

Date ____ / ____ / ____ DOCTORS'S SIGNATURE _____

List allergies or any medical conditions _____

PLEASE INITIAL ALL STATEMENTS THAT APPLY TO YOUR STUDENT AND THEN SIGN AND DATE THE BOTTOM.

I GIVE MY PERMISSION FOR THE ABOVE - NAMED STUDENT TO:

_____ Ride the RCS Commuter Bus to Neighborhood Church / Redwood Chapel for practices or games.
(This option is free to RCS Athletes for practices and games only)

_____ Ride with another parent.

_____ Ride with another student who drives to practices and home games.

_____ To drive only himself to practices and home games.

_____ To drive other students to practices and home games.(A copy of the student's auto insurance and drivers license must be attached to this form).

_____ ****I have read the RCS guidelines for provisional drivers and the above named student meets the California DMV Standard.**** (Please see the Athletic Dept. For a copy of the Policy)

DATE _____ PARENT'S SIGNATURE _____