

### STUDENT PARTICIPATION INFORMATION

**\*\*This page must be returned to the Activities Director before the student may participate in any extra-curricular activity at Dawson County High School.**

NAME: \_\_\_\_\_  
                    (LAST)                      (FIRST)                      (MI)

BIRTHDATE: \_\_\_\_\_ YEAR IN SCHOOL: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION:**

If emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I/we hereby consent for the student named above to be given emergency medical care by the doctor or hospital selected by the school.

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

*Please list any medications, allergies, medical problems, and/or medical concerns of which the coach/advisor should be aware:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

**INSURANCE:**

I/We understand that Dawson County High School and the Glendive Unified Public School District does not carry a medical insurance policy which covers participants in athletics/activities. (Please initial below).

\_\_\_\_\_ I/We understand that my son/daughter is covered by our family medical insurance with the listed company: \_\_\_\_\_

\_\_\_\_\_ I/We understand that my son/daughter is not covered by a medical policy provided by Dawson County High School and the Glendive Unified Public School District and I/we are responsible for the payment of medical bills incurred as a result of or in relation to participation in athletics/activities at Dawson County High School.

*(please see reverse side)*

**ACTIVITY PERMISSION:** (PARENT/GUARDIAN AND STUDENT INITIAL THE APPLICABLE ACTIVITIES)

\_\_\_\_\_ Band/Choir      \_\_\_\_\_ Cross-Country      \_\_\_\_\_ Golf      \_\_\_\_\_ Volleyball      \_\_\_\_\_ Field Trips  
\_\_\_\_\_ Basketball      \_\_\_\_\_ Forensics      \_\_\_\_\_ Tennis      \_\_\_\_\_ Wrestling      \_\_\_\_\_ Other  
\_\_\_\_\_ Cheer/Dance      \_\_\_\_\_ Football      \_\_\_\_\_ Track      \_\_\_\_\_ Softball

**EQUIPMENT RESPONSIBILITY:**

I/We agree to be responsible for the safe return or replacement of all athletic and/or activity equipment issued by the school to the student named on the reverse side of this form.