



WESTMINSTER KNIGHTS

EMERGENCY INFORMATION AND CONSENT FOR STUDENT ATHLETES

Name: _____

DOB: _____ Grade: _____ Sex: _____

Address: _____

Mother/Guardian's Name: _____

Cell # : _____ Alternate # : _____ Email: _____

Father/ Guardian's Name: _____

Cell # : _____ Alternate # : _____ Email: _____

IN CASE OF EMERGENCY, AND PARENT/GUARDIAN CANNOT BE REACHED, CONTACT:

Name: _____ Relationship: _____ Phone #: _____

INSURANCE INFORMATION:

Insurance Co: _____ Insurance Phone # : _____

Name of Insured: _____ Group #: _____ Policy #: _____

PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD WITH THIS FORM

MEDICAL INFORMATION

Family Physician: _____ Phone #: _____ Hosp Preference: _____

Known Allergies (food, drug, insects, etc): _____

Current Medications (inhaler, insulin, etc): _____

Medical History (significant injuries, alerts, problems, etc): _____



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PARENT/GUARDIAN RELEASE

FOR AND IN CONSIDERATION OF the mutual promises, covenants, conditions, representations, and warranties contained herein, and for other good and valuable consideration, the receipt and legal sufficiency of which are herby acknowledged, it is agreed as follows:

The undersigned herby releases and forever discharges Oak Mountain Presbyterian Church, PCA, (OMPC), Westminster School at Oak Mountain (WSOM) and its athletic division, along with all of its agents, employees, directors, officers, assigns, and attorneys, from any and all claims, demands, actions, causes of action or suits arising out of any injuries, known or unknown, which have resulted or may in the future result from any WSOM sponsored athletic game, activity, contest or event.

I/We give our permission for the above name student to participate in organized school athletics, realizing that such activity involves the potential for injury and/or transmittable diseases that is inherent in all sports. I/We acknowledge that even with qualified coaching, use of approved equipment, and strict safety rules; injuries and/or transmittable diseases are still a possibility. On rare occasion, these injuries and/or transmittable diseases can be so severe as to result in total disability, paralysis, or even death.

The undersigned herby assumes all risk of injury associated with any such athletic game, activity, contest or event and fully indemnifies and holds harmless OMPC, WSOM along with its agents, employees, directors, officers, assigns, and attorneys from and against each and every liability, loss, cost, damage, and expense including attorney's fees, which OMPC, WSOM along with its agents, employees, directors, officers, assigns, and attorneys may incur as a result of any WSOM sponsored athletic game, activity, contest or event.

This liability waiver/release applies to the following student athlete:

STUDENT'S NAME: _____

First

Middle

Last

who is currently enrolled at The Westminster School at Oak Mountain 5080 Cahaba Valley Trace Birmingham, AL 35242

This _____ day of _____, 20____

Parent/Guardian's **Signature**

Parent/Guardian's **Printed Name**

****This form is not complete without a copy of a current medical insurance card***