

Mile High Academy Athletic Department
1733 Dad Clark Dr.
Highlands Ranch, CO 80126

(303)744-1069 x142

A.D Michael Camacho

ATHLETE-PARENT INFORMATION, TREATMENT AND RELEASE FORM

Date _____

Sport(s) _____

Student's Name Last _____ First _____

Parents Name Last _____ First _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Important Information (Allergies, Allergic to any medication or on medication, diabetic, asthma, or anything we should know for the well-being of your child) _____

Things that must be done before participating in any varsity sport.

1. A physical from a licensed physician saying your child is physically fit to play in our varsity program.
2. Pay appropriate fee for each sport

PARENT QUESTIONNAIRE

Would you be willing to:

- ___ 1. Be a team mom (Help organize transportation, refreshments, or fundraising.)
- ___ 2. Help with transportation to games and tournaments.
- ___ 3. Help with refreshments or food for games and tournaments.
- ___ 4. Help with fundraising.
- ___ 5. Help with our booster club.

PARENTAL PERMISSION FOR MEDICAL TREATMENT

In the event of sudden illness or accident requiring attention, I hereby authorize Mile High Academy to administer first aid, and if necessary, take my child for emergency treatment to any qualified emergency care center.

(Parent Signature) _____

RELEASE FORM

I indemnify and hold harmless the sponsors, Mile High Academy and Rocky Mountain Conference and Association of Seventh Day Adventist, for the liability arising from any accident or injury occurring during the current school year varsity sports activities (Volleyball, Soccer, Basketball, and Baseball). This specifically includes injury arising from negligence of those mentioned above. This recognizes a shared responsibility between school, student and home. This does not include gross negligence on the part of those mentioned above. This does not waive coverage within the policy limits of the student accident insurance which covers school sponsored activities.

(Student Signature) _____ (Parent Signature) _____