

# **SILVERHAWK FOOTBALL**

## **2019 TRYOUT INFO**

- **Dates** – Tuesday, August 13<sup>th</sup> and Wednesday, August 14<sup>th</sup>
- **Time** – Meet in Coach Krichbaum's classroom at 3:15 PM  
Tryouts are from 3:30 – 4:30 PM
- **Dress** – shorts and t-shirt, cleats recommended
- **Water** – please bring a refillable bottle – water will also be provided

**Must have completed Insurance Form  
to participate in tryouts!!**

**Parents/Guardians are welcome to attend**

**Final Roster will be posted on Thursday Morning, August 15<sup>th</sup>**

**First Team Practice – Thursday, August 15<sup>th</sup> 3:15 – 4:45**

**Please contact Coach Krichbaum if you have any questions at**

**[mkrichbaum@pusd11.net](mailto:mkrichbaum@pusd11.net)**

**PEORIA UNIFIED SCHOOL DISTRICT #11  
INSURANCE CONFIRMATION**

Athlete's Name \_\_\_\_\_

Address \_\_\_\_\_ City, St, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Home Room # \_\_\_\_\_

Peoria Unified District requires the parents of all elementary students participating in an athletic program involving competition to have insurance in the event of accidental injury. Please fill out the appropriate portion of this form indicating the type of coverage that you have for your child.

**BOTH PARENTS ARE REQUESTED TO SIGN THIS FORM AND THE SIGNATURE OF ONE PARENT ~~MUST BE NOTORIZED OR SIGNED IN THE PRESENCE OF SCHOOL OFFICE PERSONNEL.~~**

**THIS FORM IS TO BE FILLED OUT BEFORE THE STUDENT IS ALLOWED TO PARTICIPATE EITHER IN PRACTICE OR COMPETITION.**

**Student Insurance Protection Plan**

Student's Name \_\_\_\_\_ is covered by \_\_\_\_\_

K-12 Student Assurance Plans, LLC purchased on \_\_\_\_\_

**Personal Health and Accident Policy**

Student's Name: \_\_\_\_\_

is covered by my own personal health and accident insurance policy with:

Title of Company \_\_\_\_\_ Address \_\_\_\_\_

Name of Agent \_\_\_\_\_ Policy Number \_\_\_\_\_

**NOTARY PUBLIC**

Signature of Father/Guardian \_\_\_\_\_ Signature of Mother or Guardian \_\_\_\_\_

Signature of Notary Public/Maricopa County \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

Signature of School Office Personnel \_\_\_\_\_ Date \_\_\_\_\_

**ATHLETES MEDICAL INFORMATION**

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

***Non-parent contact to notify in case of emergency***

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

***Medical History***

Yes No Allergies

If yes, please list specific allergies:

Yes No Asthma

Yes No Diabetes

Yes No Epilepsy

Yes No Concussions

Yes No Unconsciousness

Yes No Fractures

Yes No Sprains

Yes No Neck Injuries

Yes No Back Injuries

Yes No Current Medications

Yes No Surgeries

If yes to any of the above, please list specifics (i.e. symptom/injury, date, procedure):

Date of last tetanus:

Other health/medical information you would like school personnel to know about this athlete: