Lake Pleasant

6th Grade

Instructional Volleyball Tryout

Thursday, August 15th, 3:30-5:00

Team results will be given at the end of the tryouts.

Please arrive dressed and ready in athletic clothing and footwear.

Medical release forms must be signed to participate in tryout.

Coach: Brittanie Lopez

954-240-3747

Bmlopez23@gmail.com

PEORIA

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 [illegible]

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: