

# Granite Oaks Sports Participation & Bus Transportation Permission Form

Coach \_\_\_\_\_ Sport \_\_\_\_\_ Grade \_\_\_\_\_

**\*Coaches-All team members must have this form completely filled out and turned into you before the start of the season. Student-athletes may not compete without a completed form. Coaches must keep this form with them at all times.**

My son or daughter \_\_\_\_\_ has my permission to participate in the Rocklin Schools sports program and to be transported by school bus to and from any sporting event in connection with his or her participation in that sport and/or anytime within that sport season.

My child is covered by:

Insurance Plan: \_\_\_\_\_ No. \_\_\_\_\_

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

Physician's Phone Number \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Fathers Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Email address: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

**\*In case of emergency and parents cannot be reached, contact:**

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\*In case of accident or other emergency if parent and/or guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements, as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. I further authorize the physician named above to undertake such care and treatment to be performed by any licensed physician or surgeon.

The undersigned hereby agrees to bear all costs incurred as a result of the foregoing:

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date