

WALLED LAKE SCHOOLS BOWLING PROGRAM

Athlete/Parent Emergency Information

We, the parents/guardians and student athlete, have attended a Walled Lake Schools athletic/parent meeting and agree to accept the responsibilities and obligations required to participate in athletics.

Additionally, my son/daughter has permission to join and attend all scheduled events for the Walled Lake Central/Western/Northern Bowling Team. I accept full responsibility for transportation to and from all scheduled events and will not hold Central/Northern/Western High School, the Walled Lake Consolidated School District, Wonderland Lanes Bowling Center or its assigned Coaches/Instructors liable in case of accident or injury.

I further authorize Walled Lake School's Bowling Program or Wonderland Lanes Bowling Center's coaches or instructors to act as guardian in order to administer first aid or medical attention in case of emergency.

Athlete's Name (printed): _____ School: _____

Parent/Guardian Name (Printed): _____

Home Phone Number: _____ Work/Cell Phone Number: _____

Parent/Guardian Name (Printed): _____

Home Phone Number: _____ Work/Cell Phone Number: _____

Health Insurance Carrier: _____ Policy#: _____

Athlete known Allergies if any:

Emergency Contact Name (someone that is able to make a medical decision for your athlete if you are not available., for example, Grandparent, Aunt, Uncle etc.):

Home Phone Number: _____ Work/Cell Phone Number: _____

Student-Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____