## **SUMMER CAMP EMERGENCY CARD**

HUNTINGTON BEACH HIGH SCHOOL

Student		Sport	Grade Level Birthdate
Address		City	Phone
Student lives full time with	Parents	Legal Guardian	Other
<b>EMERGERNCY CONTA</b>	<u>CTS</u>		
a) Parent/Guardian(s) _			Phone
			Phone
b) Other			Phone
INSURANCE INFORMA	ATION		
		above activity under	our family Health/Medical Plan which
	num coverage of \$1,500	-	
	_		Policy#
	school insurance plan. (		
PHYSICAL INFORMATI A physical is required to par		activity Please initial	one of the two helow
	npleted (Verified by the		
	hild get a physical exan		- <del></del>
i refuse to flave flly c	illiu get a priysical exam	illiation for atmetic p	articipation.
MEDICAL TREATMENT			
Warning: We realize there i athletic activities.	s a possibility that a chil	d may suffer severe in	njuries, including permanent paralysis or death, as a result of participating in
Please read and initial below	w:		
TRAINER CONSENT:	I give permission for the	Athletic Trainer to ac	lminister first aid, follow-up treatment and
rehabilitation when a	appropriate in his/her p	rofessional judgment	as approved by the consulting physician.
TREATMENT CONSEI	NT: In the event of an ac	ccident or emergency,	I (we) give permission for the school authorities
to take my (our) child	d to any available docto	r or hospital. If you do	not initial on the line what action would you
like the school to tak	e		
The student athlete i			s
The student athlete I	has the following <b>ALLER</b> (	GIES	
RULES OF CONDUCT			
	duct him/herself as a ge	ntleman/lady at all tin	nes. The following actions constitute grounds
for suspension from athletic	_		
a) Profanity	at an athletic event		d) Theft
b) Improper	conduct at an athletic e	event or on a bus	e) Unauthorized use of school equipment/facilities
c) Defiance o	of authority		f) Use or possession of tobacco, alcohol or drugs
I/we. the parent(s) or	guardian(s) of the	above named chi	ld, hereby release, absolve, indemnify and hold
•			, Huntington Beach High School, and any coach involved in t
_		_	nages he/she may receive during the camp. I/we
assume all risks and h	azards incidental to	the conduct of t	he camp activities. I/we hereby acknowledge
that the above named	d child is covered ur	nder the health/n	nedical plan named above.
Date	Signature of Parent/0	 Guardian	Signature of Student