## OAK MOUNTAIN MIDDLE SCHOOL ATHLETIC WARNING STATEMENT & CONSENT TO PARTICIPATE IN THE OMMS ATHLETIC PROGRAM

Last Name	First Name	M.I.	Sex	Birthdate	Current Grade		
Address					City	State	ZIP
Social Security Numb	ner.						
As an athlete/athletic RISKS OF INJURY impairment to other the potentially high activities, and genera OMMS. I/We also a injury prevention an	c parent in the OM.  I/We further und aspects of the athless of medical cally to enjoy life. I gree to comply wid care. I/We herel	lerstand that the lete's general lare and impairs Recognizing the late all rules, recognized to a lare consent to a	here are serious health and we ment of the at hese risks, I/we gulations, and any and all he	as risks includir Il-being. I/We u hlete's future ab re consent to the d recommendati alth care provid	ng and not limited to brain inderstand that the danger polity to earn a living, to est participation of my/our sons of administrators, coa	ort can be a dangerous acti- damage, cardiac arrest, so s and risks of participating ngage in other business, so son/daughter in the sports toches, athletic trainers and to provide my child any r year.	erious injury or g in sports also includ ocial and recreational program offered at doctors concerning
☐ Baseball ☐ Basketball ☐ Cheerleading	☐ Cross Cou☐ Football☐ Golf	ntry	☐ Indoo ☐ Outdo ☐ Tenni	or Track	☐ Softball☐ Swimming	☐ Volleyball☐ Wrestling	
Signature of Parent/G	iuardian		Date		Student Signature	1	Date
			EM	ERGENCY IN	FORMATION		
Parent/Guardian Nam	e						
Home Phone	I	Father's Work			Mother's Work	Other (beeper, cell, et	c.)
Preferred Hospital					Doctor	's Name	
						articipate. If you do not h coverage during this school	
Insurance Carrier			Pol	icy Number		Group Number	
Policy Holder's Nam	ie				Rel	ationship	
Medical History: Lis	st any allergies or n	nedical conditi	ons:				
	A COPY OF		N. 3. 1970 - R. 3.		A SECURITION AND A SECURITION AND	OPY OF THE BA RANCE CARD H	CHARLES STATES
IN CASE OF EMER	RGENCY, if paren	ts cannot be co	ntacted notify:				
Name					Re	lationship	
Phone: Daytime			e e e e e e e e e e e e e e e e e e e	Nighttime	Otl	ner	