



# Acalanes Union High School District

# Emergency Contact Form

You can complete this form on your own computer. To move from field to field, use the Tab key. You may then print the document and if desired, save the document template to your own computer. Duplicate fields will be repopulated after your first entry.

**COMPLETE THIS PAGE. PRINT 2 COPIES. KEEP ONE COPY AND SUBMIT THE OTHER COPY TO THE MAIN OFFICE**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle)

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Gender: \_\_\_\_\_  
(Select or Enter Full Name of School)

## CHECK ALL THAT APPLY

FALL		WINTER	SPRING	
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Tennis (Girls)	<input type="checkbox"/> Basketball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Softball
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Volleyball (Girls)	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Swimming
<input type="checkbox"/> Golf (Girls)	<input type="checkbox"/> Water Polo	<input type="checkbox"/> Soccer	<input type="checkbox"/> Golf (Boys)	<input type="checkbox"/> Tennis (Boys)
<input type="checkbox"/> Football		<input type="checkbox"/> Wrestling	<input type="checkbox"/> Diving	<input type="checkbox"/> Track
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Volleyball (Boys)
			<input type="checkbox"/> Other: _____	

Parent/Guardian Name: \_\_\_\_\_  
First Last

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
First Last

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Email(s): \_\_\_\_\_

Emergency Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Insurance ID# \_\_\_\_\_

**It is required to provide the school with emergency contact information in case of illness or emergency.**

*"If I cannot be reached, the following persons have my permission to care for and/or authorize medical or surgical services for my child. In an emergency due to serious illness or accident, when we cannot be contacted, the school authorities have our permission to use their best judgment in the interest of our child's health."*

Emergency contact #1: \_\_\_\_\_

Relationship: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Emergency contact #2: \_\_\_\_\_

Relationship: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

The participating student athlete and parent/guardian hereby agree to the following regarding participation according to the AUHSD, NCS, and CIF policies:

✓ Ejection Policy

✓ Athletic Rules and Regulations

✓ Conditions of Participation

✓ Waiver and Release from Liability

✓ Concussion Information

*"As an athlete, I am aware that being part of a team is a privilege. I am expected to abide by the rules and regulations regarding Eligibility, Citizenship, Sportsmanship and Behavior, and Sanctions for Infractions as identified in the [Student/Parent Athletic Participation Handbook](#). I understand and accept that athletes will be suspended and removed from the team for infractions that occur during any school activity and may be removed from the team for substantiated infractions outside of school. I stipulate that both student athlete and parent/legal guardian have completed the registration and read all forms."*

Student Signature

Date

Parent/Guardian Signature

Date

Please do not forget to make your Athletic Participation Donation. AUHSD Athletics depend upon your generosity!

DISTRICT USE ONLY:

☐ Physical Exam Form on file

☐ Volunteer Driver on file