

**SPORT:** CROSS COUNTRY ~ FOOTBALL -- SOCCER - BASKETBALL ~ WRESTLING ~ VOLLEYBALL ~ TRACK (CIRCLE ONE)  
EVENT: \_\_ FIELD TRIP ~ WWET ~ MUSIC EVENT ~ AVID ~ EXPLORE AMERICA ~ NOT LISTED \_\_\_\_\_

**Miller Junior High**  
Activities Medical Waiver and Participation Release

Student Name \_\_\_\_\_ Best Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_ Birthdate \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Grade: 7 8 (circle one)

Parent /Guardian \_\_\_\_\_

Doctor Preference \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy /ID# \_\_\_\_\_ Group # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**If I cannot be contacted, the principal or coach is authorized to act on my behalf in the case of medical emergencies**

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Current Medical Information**

If student has any special medical conditions that may require attention by coach please explain:

---

---

If student is currently taking any medications please specify:

---

If student is allergic to anything please specify:

---

(School Office Use Only)

Physical

Participation Folder

Concussion Info