

# Newman International Academy

## Athlete Information Form School Copy (Sign and Return)

**Student Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Gender:** Male      Female      **Grade** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

Street

City

Zip

Please indicate medical alerts such as allergies, contact lenses, asthma, etc.:

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### PARENT/GUARDIAN'S INFORMATION:

Parent/Guardian's Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Daytime/Work Phone: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (Other than Parent/Guardian)

Emergency Contact's Name/Relationship to Student: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### RELEASES AND WAIVERS

***Signify your approval of the following items by signing your name in the space provided.***

I hereby give my consent for the Student-Athlete to compete in Newman Athletic activities, including Texas Christian Athletic Fellowship (TCAF) approved sports, and travel with the coach or other representatives of the school on any trips. Neither TCAF nor NIA assumes any responsibility in case an accident occurs.

In the event of an injury or illness to the above-named student, I hereby authorize a representative of Newman Academy to secure emergency medical treatment for the above-named student from any healthcare provider.

In addition, I understand that I will be financially responsible, either with personal health insurance or other means, for medical treatment needed by my child.

I hereby authorize the release of medical records and information to the health care providers as needed for treatment of injuries and illnesses to my child.

I have read and understand the information in the Newman Academy Athletic Code of Conduct and Concussion Management Policy and I agree to follow all policies and procedures.

I certify that the information provided on this form is true and correct to the best of my knowledge.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_