



Athlete Identification Sheet

In going out for a TST team, the student-athlete and parents agree to the practice and tournament/travel schedule, and will outline any potential conflicts to the coach as soon as they are known. The information below is required for the administrative records of the athletic department. Please fill out and return this form.

- In the event of athletic injury, parents will be contacted using the phone numbers below. If the parents are not available, consent is granted to the coach (or suitable chaperon) to act in a reasonable and responsible manner during any medical emergency involving the athlete. Neither TST, nor the TST coach is liable for personal injury from participation in the TST athletic program.
- Regular season games and practices are sometimes conducted off-campus. By signing this permission sheet, parents are consenting to off-campus activity.
- All athletes will be charged an athletic fee per season/sport that will be assigned to our general athletic fund. These funds will be used to cover travel expenses, tournament, fees, equipment needs, and other costs associated with the running of our athletic department. **Please note that this fee will be billed through our business office.**
- **Football, Volleyball, Basketball, Baseball, Track and Tennis : \$100 per sport (Upper and Middle School) Varsity Golf : \$300 for the season**

PLEASE PRINT THE FOLLOWING:

Student Name _____

Grade: _____

Date of Birth: _____

Parents / Guardian's Name:

Home Address:

Home Phone: _____ Work Phone: _____

E-mail (parent): _____ E-mail (student): _____

Cell Phone (parent) _____ Cell Phone (student) _____

I have read and understand all of the above conditions for participation in the TST athletics program.

Parents / Guardian's Signature: _____ Date: _____

Student Athlete's Signature: _____ Date: _____



Medical Release Form

Insurance information

Insurance Provider _____ Insurance Number _____

Medication

List any medication(s) that your son/daughter is taking.

1. _____
2. _____
3. _____

Please inform us of any medical problems or allergies that we should be aware of

1. _____
2. _____
3. _____

Food requirements

Please identify any special food / nutrition information (e.g. food allergies/vegetarian?)

1. _____
2. _____

AUTHORIZATION FOR MEDICAL TREATMENT

We, the undersigned, the parent(s)/guardian(s) of _____, in Grade _____ do hereby authorize and empower any teachers of the Trinity School of Texas, to make any and all decisions concerning the medical and/or surgical care of my/our child.

All hospitals, clinics or other similar facilities, as well as all doctors, nurses, medics, paramedics or other medical personnel may rely on the decisions and authorizations of any of the above described persons concerning whatever medical care or treatment, including surgical procedures, they deem necessary for my/our child.

Parent's Name

Parent's Signature

Date