



PHOENIX-TALENT SCHOOL DISTRICT
ACTIVITIES AND ATHLETICS
Consent and Insurance Form

Grade: _____

STUDENT: _____
Last Name First Name

Date of Birth

HOME ADDRESS: _____
Street City Zip

Home Phone

PARENT/ GUARDIAN I NFO:

Last Name First Name Contact Priority Cell Phone Work Phone

Last Name First Name Contact Priority Cell Phone Work Phone

ADDITIONAL EMERGENCY

CONTACTS: (Names & Phone Numbers) _____

DOCTOR: _____
Doctor/Office Address Office Phone

GENERAL HEALTH: (check all that apply) Asthma Diabetes Epilepsy (mild/severe)

Allergies Cardiac Condition Other (please specify) _____

SPORT/ ACTI VI TY: (check all that apply):

Baseball Basketball Cheer Cross Country Dance Football

Soccer Softball Swimming Track Volleyball Wrestling

Other _____

INSURANCE I NFO:

All athletes must be insured to participate. If you are otherwise uninsured, student insurance may be purchased through Myers, Stevens & Toohey Co., an independent insurance company not affiliated with the school district. Enrollment forms can be obtained at the PHS main office.

Insurance Company Name

Policy and Plan #