

**PARTICIPANT'S INFORMATION**

Name \_\_\_\_\_

Phone# \_\_\_\_\_

Date of birth \_\_\_\_\_

Permanent Address \_\_\_\_\_

Parents' name \_\_\_\_\_

Parents' phone # \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Policy ID # \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder/Name of Insured: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

\*\*\*If my son/daughter \_\_\_\_\_, is hurt while participating in this event, Mauldin High School is not responsible under any circumstances. I give my permission to any medical attention that might be needed during the event.  
" I hereby state that all the information provided is accurate.

Parent signature \_\_\_\_\_

Student signature \_\_\_\_\_