

# TRAFTON ACADEMY

P.O. Box 35321 Houston, Texas 77235-5321 (713) 723-3732

## Sports Participation Form

This is to certify that my son/daughter has my permission to participate in Trafton Academy's after school sports program during the 20\_\_ - 20\_\_ school year.

It is my understanding that these activities are being taken under the auspices of Trafton Academy and will be supervised by a teacher (coach). I hereby release Trafton Academy from liability and waive any and all claims against Trafton Academy and its school authorities, individually and collectively, for any injuries or damages which might be received during the activity, at practice, at games or in traveling to and from scheduled games. This includes all liabilities incurred to or by my child while being driven to and from said activities either in a privately owned vehicle or in transportation provided by Trafton Academy. The faculty and chaperones have my permission to seek emergency medical treatment for my child if they think it necessary.



\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

MOTHER'S NAME \_\_\_\_\_ HOME PH. \_\_\_\_\_ Cell/Work PH \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ HOME PH. \_\_\_\_\_ Cell/Work PH \_\_\_\_\_

### Student Physical Form

STUDENT'S NAME (Print) \_\_\_\_\_ GRADE \_\_\_\_\_

Is the child on regular medication? No \_\_\_\_\_ Yes \_\_\_\_\_, list: \_\_\_\_\_

Has he/she ever had convulsion or seizure? No \_\_\_\_\_ Yes \_\_\_\_\_, explain: \_\_\_\_\_

Does he/she have allergies? No \_\_\_\_\_ Yes \_\_\_\_\_, list: \_\_\_\_\_

Notes:

Emergency Phone Number(s) Between 3:30 - 7:30pm

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_