

LAKE SHORE PUBLIC SCHOOLS - ATHLETIC EMERGENCY CARD  
(PLEASE PRINT - SIGN BOTH SIDES OF CARD)

SPORT \_\_\_\_\_

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

FATHER (Guardian) Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

MOTHER (Guardian) Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

IN CASE OF EMERGENCY IF NO ONE CAN BE REACHED AT HOME/BUSINESS, CALL EITHER OF THE FOLLOWING:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

IN CASE THE ABOVE ATHLETE BECOMES ILL OR INJURED AT SCHOOL AND I CANNOT BE REACHED,  
PLEASE TAKE HIM/HER FOR MEDICAL CARE TO:

DR. \_\_\_\_\_ OR \_\_\_\_\_ HOSPITAL,  
OR TO ANY OTHER PHYSICIAN OR HOSPITAL. I HEREBY AUTHORIZE MEDICAL CARE AND AGREE TO PAY ALL EXPENSES INCURRED  
BY THE HANDLING OF THIS EMERGENCY CARE.

SIGNED _____	DATE _____
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HOSPITAL INSURANCE: YES \_\_\_\_\_ NO \_\_\_\_\_ COMPANY \_\_\_\_\_

ALLERGIES/OTHER MEDICAL INFORMATIONS \_\_\_\_\_

**LAKE SHORE PUBLIC SCHOOL INTERSCHOLASTIC PROGRAM-PARENTS INSURANCE WAIVER**

We, the undersigned, feel we have insurance protection for our Son/Daughter while practicing or participating in any Interscholastic Sports

\_\_\_\_\_  
Parent's /Guardian Signature

\_\_\_\_\_  
Date

**CODE OF CONDUCT**

My son/daughter and I have read the Lake Shore High School Student-Parent Athletic Code of Conduct and MHSAA pamphlet entitled "Your High School Eligibility". We accept the responsibility to follow the guidelines and agree to accept the consequences as addressed in the code of conduct. We will support and role model all aspects of sportsmanship and the ideals that the Lake Shore schools stand for.

Signed: \_\_\_\_\_  
Student

\_\_\_\_\_  
Parent/Guardian