



DULUTH HIGH SCHOOL SOCCER Lock-In Consent Form

Student/Player Name: _____.

Parent/Guardian to contact in case of an emergency: _____.

Home Phone Number: _____ . Emergency Phone number: _____.

Insurance Carrier: _____ . Policy Number: _____.

Do you have any allergies or medical problems of which we should be aware? YES NO (circle one)

If YES, please explain: _____.

Are you taking any special medications? YES NO (circle one)

If YES, please explain: _____.

STUDENT AGREEMENT

Upon arrival, I agree to either give my car keys to Coach Gregg Tavani / Coach Vince Hayes or promise not to drive for the duration of the event. Also upon arrival, I agree to give any medications to the coaching staff and agree not to take any special medications except those listed above. I will not bring a phone or pager to the event, nor will I make any non-emergency phone calls. I will not bring any guests/visitors to this activity. I will follow all school rules and regulations. I will respect and follow directions of all coaches and chaperones.

Student Signature _____ Date _____.

PARENT/GUARDIAN CONSENT

I, the parent/guardian of the student _____, agree to assume responsibility for any unforeseen accident that might occur during travel or participation in this activity. I also authorize any emergency medical treatment that may be necessary. I further recognize that my child is representing Duluth High School at all times during this activity, and he/she is instructed to comply with regulations of the school and of the teachers, sponsors, or chaperones who are in charge of this activity. Additionally, I give my permission to the coaching staff to administer the following over-the-counter medications, if needed:

ADVIL

TYLENOL

ALEVE

PEPTO-BISMOL

COUGH DROPS

Other: _____.

important: If you do not agree, do not sign this form. Return this form to the teacher/coach in charge, indicating that you do not wish your child to participate in this activity.

Parent / Guardian Signature _____ Date _____.