



Bayfield High School  
2024 Summer Athletics

Name (PLEASE PRINT): \_\_\_\_\_

Parent/Guardian Name (PLEASE PRINT): \_\_\_\_\_

Please note any medical conditions we should be aware of: \_\_\_\_\_

\_\_\_\_\_

Health Insurance Co: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

I hereby approve any first aid, medication or medical treatment deemed necessary in case of emergency for \_\_\_\_\_ (participant's full name), a participant of official Bayfield High School summer athletic activities, including all camps and practices. I understand that I will be responsible for any expenses incurred on his or her behalf in connections with such treatment. I also understand that the participant attends this event at his or her own risk. Bayfield School District, its Activities Department, and its staff shall not be liable for any damage arising from injuries sustained by the participant during the tournament or at the facilities. All students participating in any summer athletic activities, including camps, must also have a current CHSAA physical on file with the office. CHSAA physicals are good for one calendar year.

\_\_\_\_\_  
Signature of Parental/Guardian Consent

\_\_\_\_\_  
Date of Signature