

.....5DD9B8=L < ! =bhYfVæ`Y[ ]UhY`5h`Yh]Vg`  
 .....7cbgYbh'hc`DUfh]VdUH`Zcf`Gh`XYbh`5h`YhYg`

I give my permission and understand that the athletic trainer, coaching staff, team physician, administrators, or other school officials can use their own judgment in applying first aid until medical help becomes available, or to secure medical aid and ambulance service in case parents cannot be reached. I voluntarily accept their service on my behalf and grant permission for them to perform their necessary duties as described above.

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Student # \_\_\_\_\_

Father: Day Phone \_\_\_\_\_ Mother: Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Known allergies (including medications): \_\_\_\_\_

Medical conditions (diabetes, epilepsy, etc.): \_\_\_\_\_

Do you wear contact lenses/glasses? ☐ yes ☐ no

Any other medically related condition that may affect emergency care?

I \_\_\_\_\_ wish to participate in \_\_\_\_\_  
 at Wallace Community College, Dothan, Alabama.

I am aware that the very nature of athletic participation carries with it an inherent risk of injury. I understand that the dangers and risks of participating in athletics, whether in competition or preparing to compete, include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body and general health and well being. In addition, I am aware that participation in intercollegiate athletics will involve traveling with the team, and that such traveling may expose me to the risks of a motor vehicle accident, as well as other conditions that result from traveling.

I also accept the responsibility in taking personal measures to help prevent injury to myself or other athletes by notifying the coaching staff, athletic trainer, administrators or other WCC personnel of conditions that I am aware of that may predispose me or other athletes to an increased risk of injury resulting from athletic participation.

Having understood the risks of athletic participation and particularly the risk inherent in \_\_\_\_\_  
***I voluntarily assume and accept these risks*** as they have been explained above.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

WALLACE COMMUNITY COLLEGE ATHLETICS  
 1141 WALLACE DRIVE  
 DOTHAN, AL 36303  
 (334) 556-2416