

# **Shawnee Mission West Lady Vikings Soccer**

## **Player/Parent Handbook Pledge**

**I have read and agree to participate in the Shawnee Mission West Lady Vikings soccer program under the policies and procedures communicated to me in the Player and Parent Handbook.**

**I will adhere to the guidelines outlined and expressed in the Player and Parent Handbook and the designated representatives of the Lady Vikings Soccer Program.**

**Print Player Name** \_\_\_\_\_

**Date handbook viewed ONLINE**\_\_\_\_\_

**Player Signature**\_\_\_\_\_

**Date**\_\_\_\_\_

**Print Parent/Guardian name**\_\_\_\_\_

**Date handbook viewed**\_\_\_\_\_

**Parent/Guardian Signature**\_\_\_\_\_

**Date**\_\_\_\_\_

**\*\*Handbook located at: [smwvikingsoccer.com](http://smwvikingsoccer.com)**

**Shawnee Mission West High School  
Girl's Soccer Program  
Questionnaire**

Student Name \_\_\_\_\_ Student # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail: \_\_\_\_\_

Parent(s) or Guardian(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

1. Have you played another sport this school year? Sport(s) \_\_\_\_\_

1. Have you ever played soccer before? Yes \_\_\_ No \_\_\_ # of Years. \_\_\_\_\_

2. If yes, name of most recent team or club: \_\_\_\_\_

Coach's name: \_\_\_\_\_

3. Position(s) played: \_\_\_\_\_

4. Personal Goals for H.S. season: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Team Goals for H.S. season: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Other Information which the coaching staff should know (allergies, asthma, injuries, etc.)

\_\_\_\_\_

\_\_\_\_\_

**\*\*PLEASE PROVIDE YOUR SCHOOL SCHEDULE FOR BOTH SEMESTERS**

**Shawnee Mission West High School  
Girls Soccer Program**

**EMERGENCY MEDICAL AUTHORIZATION**

Parent(s):

The Soccer Program is seeking your permission to have your son or daughter treated at a doctor's office or hospital in the event that he or she is found in need of emergency medical treatment. If an emergency occurs, every effort will be made to contact you. However, if such contact cannot be made, this Emergency Medical Authorization may facilitate prompt treatment.

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Telephone \_\_\_\_\_

Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Father's Employer \_\_\_\_\_ Bus./Cell Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Bus./Cell Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

If parents cannot be contacted, list two neighbors or relatives who may be contacted.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Known Allergies \_\_\_\_\_

**Grant Consent:**

I give my consent for emergency medical or dental treatment for my child who may become injured or ill while under school authority. I understand this authorization does not cover any surgery unless medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

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

\_\_\_\_\_  
Date

## MEDICAL TREATMENT CONSENT FORM

I hereby authorize the physician(s) for the Shawnee Mission School District and its schools, and/or their consulting physicians, to administer emergency care to:

\_\_\_\_\_  
**Student/Athlete's Name**

to render any treatment or medical care to the above named student-athlete, to render any treatment or medical or surgical care that they deem necessary to protect his or her health and well-being, and to arrange for any consultation by medical specialists, including surgeons, which they deem necessary to insure the proper care and treatment of any injury.

In the absence of the school's authorized physician(s), **I hereby grant permission** to any qualified physician to furnish emergency medical care and treatment under the guidelines specified above. Additionally, I hereby authorize hospitalization at an accredited hospital if deemed reasonably necessary to provide the proper care for the treatment of any injury sustained by the above named student-athlete. **I also hereby grant permission** for qualified athletic trainers to render any preventative medical treatment, first aid, emergency medical care, or rehabilitative medical treatment deemed reasonably necessary to protect the health and well-being of the above named student-athlete.

I understand that the terms hereof apply to any injury, illness, or other medical problem or emergency that arises as a result of or in connection with any aspect of athletic participation, including tryouts, practice, conditioning, meetings, games, and travel. I also understand that reasonable efforts will be made to contact parents or legal guardians before any serious or involved medical treatment.

X \_\_\_\_\_  
**Parent/Guardian's Signature** **Date**

## RELEASE OF INFORMATION AUTHORIZATION

**Student/Athlete's Name** \_\_\_\_\_

I hereby authorize the release of any and all information relating to the athletic participation of the above named student-athlete to the media as well as to college scouts and recruiters.

X \_\_\_\_\_  
**Student/Athlete's Signature** **Date**

X \_\_\_\_\_  
**Parent/Guardian's Signature** **Date**

**TRANSPORTATION RELEASE FORM**  
**FOR TRANSPORTATION OF HIGH SCHOOL STUDENTS**

**Notice to Parents and Guardians:** From time to time private transportation may be used to transport students to and/or from some extra-curricular and co-curricular activities or field trip destinations. In such cases, parents must be responsible for ensuring that their student is following both school/district and parental guidelines. Please communicate with your student in order for him or her to know with whom he or she will be allowed to drive and/or to ride to and/or from school-related activities.

**1. Student riding with other licensed drivers (other than authorized district personnel):**

I give my consent for \_\_\_\_\_ (student name) to ride with other licensed drivers (*other than authorized district personnel*), including other students to and/or from school-related field trips, activities, or practices.

YES \_\_\_\_\_

NO \_\_\_\_\_

**2. Student providing his/her own transportation:**

I give my consent for \_\_\_\_\_ (student name) to drive an automobile owned or leased by him/her or me to and/or from school-related field trips, activities, or practices.

YES \_\_\_\_\_

NO \_\_\_\_\_

**3. Student transporting other students:**

I give my consent for \_\_\_\_\_ (student name) to drive an automobile owned or leased by him/her or me to and/or from school-related field trips, activities, or practices.

YES \_\_\_\_\_

NO \_\_\_\_\_

I have read and understand the above Transportation Release Form.

Parent and student have reviewed and thoroughly discussed this information.

Parent Printed Name: \_\_\_\_\_ Student Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_