

Binghamton City School District

Health Athletic Form

Name (please print) _____ Date of Birth _____ Homeroom _____ Grade _____

Address _____

Phone _____ Emergency Phone _____

The School District will cover any outstanding expenses (except co-pays, deductibles or prescriptions), resulting from an athletic injury during the sports season, that the parent(s)/guardian(s) primary insurance does not cover. No student is required to have medical insurance to participate.

Parent/Guardian Place of Employment _____

Does your family have Blue Cross? [] No [] Yes Does your family have Blue Shield? [] No [] Yes

If Yes, ID or Contract No. _____ Group No. _____ BC Coverage _____
(Example: ID 123-45-6789) (Example: Group No. 12345-00 (Ex: BC Cov. 365DY BS Cov. Select)

Does your family have any other type of group medical insurance? [] No [] Yes

If Yes, give name of insurance company _____ Plan or Group No. _____

I hereby give my consent for my son/daughter to participate on the _____ team for the school year

20__ - 20___. I also hereby release the City School District of Binghamton, New York, its agents, employees, officers and volunteers, from all liability, not inconsistent with the law, from any claims for any injuries to my son/daughter resulting from such participation, either during practice or in an interscholastic contest. I have no health insurance and I authorize an insurance representative to contact me. [] Please check this box.

Health History: (All "Yes" answers must be explained in the box on the bottom right.)

Table with 2 columns of questions (1-52) and YES/NO checkboxes. Includes a section for 'FEMALES ONLY' (47-52) and a box for explaining 'Yes' answers.

