

ATHLETIC PARTICIPATION FORM

Name of Child _____ Date of Birth _____ Sex _____ Grade _____ 20__ - 20__
in Fall Academic Year

Home Address _____ Zip Code _____ Home Phone _____

Mother's Info.

Father's Info.

Guardian Info.

Name: _____

Name: _____

Name: _____

Wk. Phone: _____

Wk. Phone: _____

Wk. Phone: _____

Cell Phone: _____

Cell Phone: _____

Cell Phone: _____

In case of emergency (and parent cannot be reached) notify:

1. _____
Name Home Phone Cell/Wk. Phone Relationship to Child

2. _____
Name Home Phone Cell/Wk. Phone Relationship to Child

TO WHOM IT MAY CONCERN:

I/We, the undersigned parent(s)/legal guardian give permission for my/our child _____
to participate in: _____ (Child's Name)

(Please check, initial and date each sport your child will participate in during the current school year)

<input type="checkbox"/> Baseball _____	<input type="checkbox"/> Basketball _____	<input type="checkbox"/> Cheerleading _____
<input type="checkbox"/> Softball _____	<input type="checkbox"/> Track/Cross Country _____	<input type="checkbox"/> Volleyball _____
<input type="checkbox"/> Football _____		

In case of a medical or dental emergency, we (I) give our (my) consent and authorization for any necessary treatment, to include treatment by a licensed physician or dentist and transfer to any hospital reasonably accessible.

The following information is provided for any licensed physician, dentist, or hospital not having access to our (my) child's medical history:

Health Care Provider _____ Address _____ Phone _____

Family Dentist _____ Address _____ Phone _____

DATE OF LAST TETANUS SHOT: _____

MEDICAL INSURANCE COMPANY: _____ POLICY No.: _____

DENTAL INSURANCE COMPANY: _____ POLICY No.: _____

AGENT NAME: _____ PHONE No.: _____

OTHER PERTINENT INFORMATION: _____

