

**SCHOOL DISTRICT OF HAVERFORD TOWNSHIP
STUDENT ELIGIBILITY INFORMATION**

Date _____ Name of Sport _____
Name _____ Student ID Number _____
Date of Birth _____ 19____ Age ____ Place of Birth _____
Date of Enrollment in Haverford High School _____

Circle the NUMBER OF SEASONS in which you have participated in above named sport BEYOND the 8th grade – INCLUDING PRESENT SEMESTER: 9th 10th 11th 12th

Circle the NUMBERS OF SEMESTERS OF ATTENDANCE in high school beyond the 8th GRADE, INCLUDING present semester (there are 2 semesters per school year).

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____
9th 10th 11th 12th

Number of times demoted from grade 9 to grade 12 _____
Demoted in which grade(s) (please check) 9 _____ 10 _____ 11 _____ 12 _____
Where did you attend school last year? _____

PARENT/GUARDIAN PERMISSION

_____ has my permission to participate in _____.
I understand that the school district does not assume responsibility for any injuries which may occur, and I will assume responsibility for equipment issued to the above student.

Signature of Parent/Guardian _____

EMERGENCY INFORMATION

SCHOOL YEAR _____ **SPORT** _____

NAME _____ M or F _____ DATE OF BIRTH _____

PARENT/GUARDIAN NAME _____

HOME ADDRESS _____

PARENT/GUARDIAN DAYTIME NUMBER #1: _____
#2: _____

EMERGENCY CONTACT, IF PARENT/GUARDIAN ARE NOT AVAILABLE:
NOTIFY: _____ PHONE: _____

DOCTOR'S NAME AND PHONE # _____ HOSPITAL _____

KNOWN ALLERGIES OR MEDICAL PROBLEMS _____

INSURANCE NAME _____

POLICY AND GROUP # _____

THE TEAM PHYSICIAN, TRAINER AND COACH MAY APPLY FIRST AID TREATMENT UNTIL THE FAMILY PHYSICIAN CAN BE CONTACTED. YES _____ NO _____

WE GIVE OUR CONSENT FOR COACHES, TRAINERS AND TEAM PHYSICIAN TO USE THEIR OWN JUDGEMENT IN SECURING MEDICAL AID AND AMBULANCE SERVICE IN CASE PARENT OR GUARDIAN CANNOT BE REACHED. YES _____ NO _____

PARENT/GUARDIAN SIGNATURE _____