



EMERGENCY INFORMATION

(Parent/Guardian, please fill out prior to examination)

STUDENT INFORMATION

Student Athlete Name _____ Email Address _____

Home Address: _____

Grade: _____ DOB: _____ Age: _____

Name of Parent/Guardian 1: _____

Home Address: _____

Email Address: _____ Primary Phone: _____
Work Phone: _____

Name of Parent/Guardian 2: _____

Home Address: _____

Email Address: _____ Primary Phone: _____
Work Phone: _____

Emergency Contact: _____

Address: _____

Email Address: _____ Primary Phone: _____
Work Phone _____

Participant Insurance: Participants must be covered by accident/injury insurance prior to participation

SPORT/ACTIVITY STUDENT WILL PARTICIPATE IN (Check all the apply)*

- | | | |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Dance | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Football | <input type="checkbox"/> Track&Field |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Golf | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Cheer | <input type="checkbox"/> Soccer | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Softball | <input type="checkbox"/> Other |
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PARENT/GUARDIAN VERIFICATION (Print, Sign & Date)

Print Parent name:

Date: _____
