



***MOUNDS VIEW, IRONDALE, ROSEVILLE RAMS ADAPTED ATHLETICS REGISTRATION FORM***

SPORT: \_\_\_\_\_ TEAM: PI \_\_\_\_\_ CI \_\_\_\_\_

STUDENT ATHLETE: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_

PARENT / GUARDIAN  
NAME: \_\_\_\_\_

2019/2020 FREE OR REDUCED LUNCH: Yes \_\_\_\_\_ No \_\_\_\_\_

DATE OF MOST RECENT MEDICAL PHYSICAL: \_\_\_\_\_

**INSURANCE INFORMATION**

The School District is aware that many families have adequate health and accident insurance. Those students participating in interscholastic sports are particularly susceptible to accidents, and although the school is not legally responsible for such injuries, except in the case of negligence, we do feel an obligation to see that all athletes have proper insurance protection.

**NON – INSURANCE PERMIT**

Having adequate medical insurance coverage, I hereby give permission to participate in Adapted Athletics. We will assume all financial obligations which may result from such participation.

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

*RAMS Home is Highview Middle School 2300 7th St. MW, New Brighton 55112 Equal Opportunity for Education and Employment*