NORTH OLDHAM MIDDLE SCHOOL

Student Athlete Information

Name of Athlete: _____

Grade: _____ Uniform Size: XS S M L XL (all adult sizes)

Parents Name: _____

Email Address: _____

Mom's Cell: _____

Dad's Cell: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Allergies: Yes No

List of allergies: _____

_____

Please return these forms to the Head Coach of your sport for each sport that your child participates in.