



SUNNYSIDE ATHLETIC PHYSICAL REGISTRATION INFORMATION



Please complete the online registration and the paperwork for your child, sign the form below and return with the **attached PPE form signed and stamped by your physician**. ***Please make sure to turn all physical paperwork in to the athletic trainer.**

***Complete this online form:** tinyurl.com/shsphysicals

Athlete Name _____ **GRADE** _____ **ID #** _____

Fall Sport _____ **Winter Sport** _____ **Spring Sport** _____

I hereby certify that I completed the online registration for Sunnyside Athletics and am the legal guardian of the student-athlete named above. I certify that I have read and understand the terms of all Sunnyside High, FUSD, and CIF policies. I grant permission for my child to **participate in athletics** at Sunnyside High School. I authorize and release my **student's health information** regarding an athletic injury or medical injury to the certified athletic trainer and nurse at Sunnyside High School.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Name _____ **Phone #** _____

Required Medical Information

Personal Medical insurance company name _____

Policy Number or ID Number _____

If you do NOT have personal insurance, you may purchase student insurance @

<http://www.studentinsuranceusa.com>

(Return the certificate of insurance proof with this packet if purchasing student insurance.)

Family Physician _____ **Phone** _____

Preferred Hospital _____

Emergency Contact #1 _____ **Relationship** _____

Phone _____

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Phone _____

Please return this packet to your athletic trainer

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