PCMS/PHS Athletic/Activity Program - Student/Athlete Information Sheet

Athletic or Activity Participating in: (check)

_____ XC & Track	_____ Wrestling	_____ Baseball	_____ Band X
_____ Volleyball	_____ Weights	_____ Softball	_____ Color Guard
_____ Football	_____ Dance	_____ Cheerleading	_____ Vocal Music
_____ Basketball	_____ Powerlifting	_____ Golf	_____ Debate/Forensics
_____ Tennis	_____ Scholar Bowl	_____ Archery	_____ Skills USA
_____ Soccer	_____ NHS	_____ Student Gov't	_____ Theatre/Drama
_____ Other			

Student Name: _____ Grade: _____ Date of Birth:_____

Address: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency name and number if parent/guardian not available:

Name:_____ Relationship:_____

Home Phone:_____ Cell Phone: _____

Family Doctor: _____Phone Number: _____

Health/Hospitalization Insurance: _____

Insurance Number: _____

Current Medications:_____

Known Allergies:_____

Any concussions within last 2 years: _____

Any recent or current illness or medical conditions (including Asthma, Diabetes, Heart

Conditions, etc.):_____

By signing this form below, I am aware and give my consent for my student to participate in extracurricular activities at Pittsburg Community Schools.

Parent/Guardian Signature: _____ Date: _____