## ATHLETIC TEAM INFORMATION

NAME	BIRTHDATE
Last First	BIRTHDATE d y
ADDRESS	
HOME PHONE	OTHER PHONE
FATHER'S NAME	WORK PHONE
MOTHER'S NAME	WORK PHONE
EMERGENCY PHONE NUMBER	
EMERGENCY CONTACT PERSON	
MEDICAL CONCERNS THAT WOULD AFFECT YOUR PARTICIPATION:	
rapared formal specimens are assets.	
DO YOU CARRY AN INHALER? YOU MUST HAVE A DOCTOR'S NOTE ON FILE WITH THE SCHOOL NURSE IF YOU CARRY AN INHALER. NO NOTE, NO PRACTICE.	
TEACHERS:	
A STATE OF THE PERSON OF THE P	CEDICATED LAST BETWEEN SIZE OF PROMPERALISES, DW
LAST PERIOD CLASS TEACHER:	ROOM NUMBER: