

ATHLETIC TEAM INFORMATION

NAME _____ BIRTHDATE _____
Last First m 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: _____

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: _____

LAST PERIOD CLASS TEACHER: _____ ROOM NUMBER: _____