

Student's Last Name

First Name

Middle Initial

Home Address

Home Phone Number

Cell Phone Number

Email Address

Date of Birth

(Copy of Birth Certificate may be required.)

Grade

IN CASE OF EMERGENCY CALL

#1.

Name

Telephone Number

Relationship

#2.

Name

Telephone Number

Relationship

Family Health Insurance Plan

Subscriber's Name

Policy Number

Said minor must show proof of a physical examination by a private doctor in order to participate in the athletic program.

I certify that I have taken the free online educational course, "Concussion in Sports- What You Need To Know"

Signature of Parent or Guardian

Date

Date course was completed