



Sports Registration Form

Sport: _____ Date: _____

Student Name: _____

Address: _____

Parent(s)/Guardian(s) phone number(s): _____

Grade: _____ Age: _____ Sex: M/F Date of Birth: _____

Does this child have any disabilities, handicaps, present injuries or limitations or any other significant medical conditions? Yes _____ No _____ If yes, please briefly state the condition: _____

Physician Name: _____ Phone #: _____

I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or other volunteer staff, as my agents, to consent to medical, surgical, or dental examination and or treatment. In case of an emergency, and in the event that I am unable to be reached I hereby authorize treatment and/or care at any hospital. If there is an emergency, and I cannot be reached please contact:

Name: _____ Phone #: _____

Address: _____

X _____ Date: _____