

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother or Guardian \_\_\_\_\_ Employer Phone \_\_\_\_\_

Employer \_\_\_\_\_

Father or Guardian \_\_\_\_\_ Employer Phone \_\_\_\_\_

Employer \_\_\_\_\_

**IF PARENT OR GUARDIAN CANNOT BE REACHED, PLEASE CALL:**

(List a responsible party who can be reached during practice or game hours to pick up and/or care for your child.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

**IN THE CASE OF AN EMERGENCY (AND PARENT/GUARDIAN CANNOT BE REACHED) MAY THE COACH OR DESIGNEE SEND YOUR CHILD TO THE HOSPITAL?**

YES     NO    Hospital of Choice \_\_\_\_\_

**Does your child have any of the following conditions:**

Diabetes     Asthma     Epilepsy     Heart Condition     Bleeding     Contact Lenses

Dental Appliance     Medical or Surgical Appliance     Allergies (specify) \_\_\_\_\_

Vision Problem     Hearing Problem     Other \_\_\_\_\_

Daily Medication \_\_\_\_\_

Has your child ever been hospitalized? Reason \_\_\_\_\_

Other unusual conditions or comments \_\_\_\_\_

My child has my permission to     Walk Home     Ride Bike     Picked up by someone other than parent

Other \_\_\_\_\_

*I understand this permission and information for is valid for the current sports season only. I will notify the coach and the athletic coordinator of any changes to this information.*

Mother or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_