

Sports Program - Important Information Sheet

(To be updated each year and remain on file)

STUDENT INFORMATION:

Student Name: _____

Address: _____

City/ Zip _____

Home Phone: _____ Alternate Phone: _____

PARENT/GUARDIAN INFORMATION:

Mother's Name: _____

Father's Name : _____

E-mail address to be used to share information: _____

EMERGENCY CONTACTS:

Name: _____

Relationship: _____

Phone #: _____

Alternate #: _____

Name: _____

Relationship: _____

Phone #: _____

Alternate #: _____

MEDICAL INFORMATION:

Current Student Physical on File: _____ yes _____ no

NOTE: Student must have current sports physical on file (June to June) prior to practice.

Medical conditions coaches should be aware of (allergies, seizures, and hearing or vision conditions).

Medications student is on or might use at practice (Inhalers).

