

Sacred Heart School Athletics Registration Form

School year _____

(Check all that apply)

Soccer Cross Country Boys' Basketball Girls' Basketball Track and Field

Name of Athlete _____ Date of Birth _____ Grade _____

Address _____ City _____

Parents/Guardians _____

E-Mail Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Pediatrician's name _____ Dentist's name _____

Name of insurance _____ Insurance policy number _____

Medical conditions/ symptoms/ treatment: _____

Allergies/ reactions/ treatment _____

Date of last tetanus _____

EMERGENCY CONTACTS OTHER THAN PARENT OR GUARDIAN:

Name _____ Relationship _____ Home _____ Cell _____

Name _____ Relationship _____ Home _____ Cell _____

Persons authorized to pick up athlete from sporting events:

I hereby give permission for emergency medical treatment, including transportation to a medical facility, in the event of an emergency. I understand I am responsible for any cost involved.

(Print) parent/guardian

Signature

Date signed