



Player Information

First Name: _____ Last Name: _____ Date of Birth: __/__/____

Age: ____ Grade: ____ Gender: (circle) M / F

Parent / Guardian Information

Mother/Guardian's Name: _____ Email: _____

Cell # _____ Work #: _____

Father/Guardian's Name: _____ Email: _____

Cell # _____ Work #: _____

Emergency Information

Contact: _____ Work #: _____ Cell #: _____

Allergies and/or Medical Issues: _____

Medications: _____ Contact Lenses or Hearing Aids (circle)

Permission

Medical - I/We understand that participation in athletics involves risk. I/We further understand and assume all risk of injury to my/our child. As the parent/guardian of the above named player, I/WE hereby give consent for emergency medical care prescribed by a duly licensed Physician. This emergency care may be given under whatever conditions are necessary to preserve the life, limb, sight or wellbeing of the minor. Every effort will be made to contact the parent/guardian as soon as possible.

Jerseys - Must be returned at the end of season or you will be charged \$20.00 (grades 3-6); \$10.00 (grades PreK-2)

Signature of Parent/Guardian: _____ Date: __/__/____

Coach/Referee

I, _____ am interested in being a (circle) **Coach / Referee** for **Grade** ____ . **Coaches must complete Level 2 volunteer application and concussions certification prior to first practice.** Expenses will be reimbursed by the school.

Please contact our Athletic Director, Candi Smith, should you have any questions or concerns, or need a volunteer application form. Candi can be reached at csmith@u32.org or 802-505-0555.