



BASIC STUDENT INFORMATION FORM

BASIC CONTACT INFORMATION:

Student Name: _____ Birthday: _____

Grade Level: _____ Sport Participating In: _____

E-mail Address: _____ Phone Number: _____

Address: _____

Parent/Guardian Name: _____ Relation: _____

As a parent, are you interested in the booster club or volunteering? Yes No

EMERGENCY CONTACT:

Emergency Contact Information #1 :

Name: _____ Relation to Student: _____ Number: _____

Emergency Contact Information #2 :

Name: _____ Relation to Student: _____ Number: _____

Emergency Contact Information #3 :

Name: _____ Relation to Student: _____ Number: _____

BASIC HEALTH INFORMATION:

Does your student athlete have any health concerns? If yes, please inform.

Does your student athlete have any allergies? If yes, please inform.

Is your student athlete asthmatic? If so, do they have an up-to-date inhaler in which they carry?

Any additional concerns or needs you would like the Athletic Department to know about at this time?