

2011-2012 CDH ATHLETIC EMERGENCY INFORMATION

This sheet will serve as your registration for athletic tryouts and participation per season. In order for your registration to be complete you must have all athletic paperwork on file to tryout and/or participate in a sport. A NEW EMERGENCY FORM MUST BE TURNED IN FOR EACH SPORT YOU PLAY

All information on this form **MUST** be complete.

PLEASE CIRCLE SPORT BELOW

Athletics		
Fall	Winter	Spring
Co-Ed Cross Country	Alpine Ski	Baseball
Football	Basketball	Golf
Performance Dance	Competition Dance	Girls Lacrosse
Girls Swim and Dive	Gymnastics	Softball
Girls Tennis	Hockey	Boys Tennis
Girls Volleyball	Boys Swim and Dive	Co-Ed Track & Field
Soccer	Wrestling	

NAME: _____ GRADE: _____ BIRTHDATE: _____ GENDER: _____

ADDRESS: _____

PARENT/GUARDIAN: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

CONTACT NAME OTHER THAN PARENT/GUARDIAN: _____ (Relationship) _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

PHYSICIAN: _____ PHONE: _____

PREFERRED HOSPITAL: _____

MEDICATION/ALLERGIES: _____

PREVIOUS INJURIES: _____

OTHER CONDITIONS OF NOTE: _____

INSURANCE CARRIER: _____

MEMBER NUMBER: _____

PARENT/GUARDIAN EMAIL ADDRESS: _____

(Please provide an email address – this will be the email addressed that is used when sending varsity parent feedback surveys)

Please read the 2011-2012 CDH and MSHSL Policies, check and sign below.

_____ **I have read, understand and will abide by the 2011-12 CDH Chemical/Alcohol/Harassment Policy.**

_____ **I have read, understand and will abide by the 2011-12 MSHSL Athletic Eligibility Policy.**

Signature of Parent/Guardian

Signature of Student

Date