

# Athletic Information

## Student Information

Student Name (First, MI, Last)

Grade

Date of Birth

Student's Street Address

City

Zip

Telephone

Student's Social Security #

School Attended Last Year

## Parent/Guardian Information

Parent/Guardian Name

Parent's Street Address

City

Zip

Telephone

Work Telephone

## Emergency Contact

In the event parent/guardian cannot be reached please contact

Name of emergency contact

Telephone

Work phone

## Insurance Information

Company:

Address:

Policy Number:

Group Number:

Policy Holder:

Good Through:

Policy Holder's Signature

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## Permission Form and Insurance Waiver

1. I have insurance to cover my son or daughter in case of injury sustained in practice or game
2. I give my son or daughter permission to travel to away games on transportation provided.
3. I give permission for my son or daughter or legal dependent to be treated by medical personnel in case of emergency
4. I give my son or daughter to participate in the athletic program at Moody High School.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date