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# School Sports Registration Form

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## Student Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
- School Name: \_\_\_\_\_
- Grade Level: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Parent/Guardian Information

- Parent/Guardian Name: \_\_\_\_\_
- Parent/Guardian Phone: \_\_\_\_\_
- Emergency Contact Name: \_\_\_\_\_
- Emergency Contact Phone: \_\_\_\_\_

## Sports Participation Information

- Sport: \_\_\_\_\_
- Previous Experience (Years): \_\_\_\_\_
- Position (If applicable): \_\_\_\_\_
- Jersey Size:  Youth Small  Youth Medium  Youth Large  Adult Small   
Adult Medium  Adult Large

## Medical Clearance

- Has the student completed a sports physical?  Yes  No
- Any known allergies or conditions? \_\_\_\_\_
- Physician's Name: \_\_\_\_\_

- **Physician's Contact Number:** \_\_\_\_\_

**Parent/Guardian Consent**

**I consent to my child's participation in school sports and authorize medical treatment in the event of an emergency.**

- **Parent/Guardian Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_