

# STUDENT ATHLETE INFORMATION FORM

Name (First, Middle, Last)	Grade	Age	Birthdate
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My son/daughter/ward is covered by medical insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Company Name, Policy Number	If no, student must have school insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
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Family Physician	Telephone Number
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Dentist	Telephone Number
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Date	Home Telephone Number	Emergency Telephone Number
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Legal Home Address	Street	City	State	Zip Code
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Parent/Legal Guardian Name

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Year	High School(s) Attended	Grade	Sports Played

Parents, please initial each item below.

By evidence of the signatures below, you are testifying that you:

- \_\_\_\_\_ Have read the athletic brochure
- \_\_\_\_\_ Have read the provisions of the Authorization for Participation in Interscholastic Athletics form
- \_\_\_\_\_ Understand the eligibility and residency requirements
- \_\_\_\_\_ Understand the school system's drug and alcohol policy
- \_\_\_\_\_ Give permission for participation and assume risk for injury that may occur
- \_\_\_\_\_ Acknowledge valid insurability by school or private insurance carrier
- \_\_\_\_\_ Give permission for student's name and picture to be used for internet and school publications

Failure to accurately complete, sign and return to your child's coach will result in his/her exclusion from participation in the interscholastic athletic program of the Frederick County Public Schools.

\_\_\_\_\_  
(Sport)

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

\_\_\_\_\_  
(Date)