

# DOUGLAS COUNTY SCHOOL DISTRICT RE-1

## ATHLETIC REGISTRATION/EMERGENCY INFORMATION CARD

School Name: \_\_\_\_\_

- Office use**
- CLEARED** FOR PRACTICE
  - CLEARED** FOR SCRIMMAGE OR COMPETITION
  - NOT CLEARED** FOR SCRIMMAGE OR COMPETITION
  - PHYSICAL EXPIRATION DATE:**     /     /

<b>SPORT</b>	Fall: _____
	Winter: _____
	Spring: _____
	Paid: _____

NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 PARENT/GUARDIAN'S NAMES: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 FATHER'S PHONE DURING DAY: \_\_\_\_\_ MOTHER'S PHONE DURING DAY: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### IN AN EMERGENCY, IF PARENTS CANNOT BE REACHED, NOTIFY:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 HOSPITAL (Please indicate): \_\_\_\_\_ PHONE: \_\_\_\_\_  
 FAMILY DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

SCHOOL(S) ATTENDED LAST 12 MONTHS: \_\_\_\_\_

YEAR YOU ENTERED 9TH GRADE? \_\_\_\_\_ MONTH/YEAR YOU ENTERED HS? \_\_\_\_\_

HAVE YOU PREVIOUSLY ATTENDED THIS SCHOOL . . . WITHDRAWN AND LATER RETURNED?      No  Yes

I hereby give my consent to release pictures, name or other information pertaining to my student/athlete to use on a district website.

I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation.

I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment.

\_\_\_\_\_  
Signed (Parent or Guardian)

\_\_\_\_\_  
Date