

St. Patrick School Sports Program Athlete Information Sheet - 2009/2010

Select all sports the Athlete is interested in participating:

- | <u>4th Grade</u> | <u>5th Grade</u> | <u>6th Grade</u> | <u>7th Grade</u> | <u>8th Grade</u> |
|--|---|---|---|---|
| <input type="checkbox"/> Girls Basketball
(instructional) | <input type="checkbox"/> Girls Volleyball | <input type="checkbox"/> Girls Volleyball | <input type="checkbox"/> Girls Volleyball | <input type="checkbox"/> Girls Volleyball |
| | <input type="checkbox"/> Boys Basketball | <input type="checkbox"/> Boys Basketball | <input type="checkbox"/> Boys Basketball | <input type="checkbox"/> Boys Basketball |
| <input type="checkbox"/> Boys Basketball
(instructional) | <input type="checkbox"/> Girls Basketball | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Cheerleading |
| | <input type="checkbox"/> Boys Volleyball
(instructional) | <input type="checkbox"/> Girls Basketball | <input type="checkbox"/> Girls Basketball | <input type="checkbox"/> Girls Basketball |
| | <input type="checkbox"/> Track | <input type="checkbox"/> Boys Volleyball
(instructional) | <input type="checkbox"/> Boys Volleyball | <input type="checkbox"/> Boys Volleyball |
| | | <input type="checkbox"/> Track | <input type="checkbox"/> Track | <input type="checkbox"/> Track |

Athlete Name: _____

List of medication routinely taken by Athlete: _____

Does the Athlete use an inhaler? _____ How often? _____
If Yes, the inhaler must be available at all practices and games

List of any previous injuries: _____

List of Allergies: _____

Is the Athlete covered by School insurance? Yes or No

Name of insurance Athlete is covered by: _____

Policy/Group Number of Insurance: _____

Emergency / Contact information:

Home phone number: _____ E-mail address: _____

1st Contact Person: _____ cell #: _____

2nd Contact Person: _____ cell #: _____

By participating in the Sports program at St. Patrick, my family and I agree to follow the guidelines in the Booster Club Handbook.

Parent/Guardian Signature(s): _____

Date: _____

Sport Fees will be collected according to the schedule outlined on the Athletics web site