

**St. Patrick School Sports Program
Athlete Information Sheet
2008-2009**

Select the Sport you are signing up for:

- Volleyball
- Basketball
- Cheerleading
- Track

Select the Grade level:

- 4th Grade
- 5th Grade
- 6th Grade
- 7th Grade
- 8th Grade

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 / pager #: _____

2nd Contact Person: _____ cell / pager #: _____

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: _____

*Please attach the \$45 Sport Activity fee when turning in the required forms.
A Current Physical & Archdiocese waiver
must be on file with the Athletic Director before participating.*