

WOODFORD COUNTY MIDDLE SCHOOL ATHLETIC FORM

Athlete _____ Birthdate _____ Grade _____ Age _____

Address _____ City _____ Zip _____

County _____ State _____ Phone _____

Father's name _____ Mother's name _____

Athlete's Height _____ Weight _____ Shirt Size _____ S – M – L – XL – XXL

Emergency Information

If a situation arises where your son/daughter needs emergency attention away from your care, and it must be given by a licensed individual other than your own physician, please sign below giving permission for the care of your child in this manner.

Parent/Guardian Signature _____ Date _____

Daytime Phone _____ Evening Phone _____

Name and number of other individual giving permission should you not be able to be reached at the phone numbers listed above

Name _____ Relationship _____

Phone _____

PERMISSION

I hereby give permission for the above named athlete to try-out and participate in Woodford County Middle School's _____ program. I understand that some interscholastic programs may require try-outs and that elimination of some students may be necessary. If my child does not make them, I can receive written explanation of area(s) in which my child may need improvement, upon request. I understand that physical conditioning may be strenuous and that a proper physical examination is required before my child can participate in any practices or games. My child's involvement will be subject to the Woodford County Middle School SBDM Council policies regarding participation and eligibility in extracurricular activities. My child is responsible for the care and return of any equipment that has been issued for participation.

Parent/Guardian Signature _____ Date _____

INSURANCE / PHYSICAL

My Child has the following medical coverage. I understand that any athletic injury must be covered by our insurance first. Any school purchased insurance will supplement your personal insurance coverage.

Insurance Name _____ Policy Number _____

_____ My child HAS HAD an athletic physical this school year. It is on file with _____

_____ My child HAS NOT HAD an athletic physical this school year. He/She will have a physical exam and turn in the proper form before the first practice.

Athlete's Signature _____ Date _____