DOUGLAS COUNTY SCHOOL DISTRICT RE-1

ATHLETIC REGISTRATION/EMERGENCY INFORMATION CARD

School Name:

SPORT	
Fall:	______
Winter:	______
Spring:	______
Paid:	

Office use

☐ **CLEARED** FOR PRACTICE
☐ **CLEARED** FOR SCRIMMAGE OR COMPETITION
☐ **NOT CLEARED** FOR SCRIMMAGE OR COMPETITION
☐ **PHYSICAL EXPIRATION DATE:_____/____/_____**

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 WITHDRAWN AND LATER RETURNED?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

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