

Athletic Department Emergency Information

Child's Name _____

Grade and Homeroom _____

Date of Birth _____ Age _____

Home Phone _____

Address _____

Father's Name _____

Father's Home Phone _____

Father's Address _____

City _____

Mother's Name _____

Mother's Home Phone _____

Mother's Address _____

City _____

Day phone of Parents (Father) _____

Day phone of Parents (Mother) _____

Cell Phone/Pager (Father) _____ (Mother) _____

E-Mail _____

Father

Mother

In an Emergency, if the parents cannot be reached, notify: _____

_____ Phone _____

Relationship to child

Family Doctor _____ Phone _____

Known allergies and/or medical conditions we should be aware of.

Permission is hereby granted for my child to participate in the Norwood-Fontbonne Academy Athletic Program. Please check appropriate activity.

_____ Football _____ Field Hockey _____ Soccer _____ Cheerleading

_____ Basketball _____ Baseball _____ Softball _____ Lacrosse

INTRAMURALS _____ Basketball _____ Soccer _____ Field Hockey

ONE TIME EVENTS _____ Cross Country _____ Swim Meet _____ Track Meet

Parent Signature _____ Date _____