

SABINO HIGH SCHOOL ADDITIONAL SPORT/ACTIVITY FORM
2016-2017

Name: _____ Grade: _____ Age: _____ Birth date: _____

New Sport/Activity: _____ Original Sport/Activity: _____

Father's Name: _____ Home Phone: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____ Work Phone: _____

Home Address: _____ City: _____ Zip Code: _____

Other individual to notify if necessary: _____ Phone: _____

Preferred Hospital: _____ Family Physician: _____ Phone: _____

If student is now under medical treatment, why and the doctor's name: _____

I agree to the participation of my above named daughter/son in the program or programs which have been listed above. In addition, I consent to practice sessions and travel to and from the programs. I also agree to emergency treatment as deemed necessary by the medical personnel designated by the program authorities.

Parent or Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____