

FRIENDSWOOD INDEPENDENT SCHOOL DISTRICT CERTIFICATE FOR ATHLETIC TRYOUTS

ATTENTION: This form must be signed by the student, the parent/guardian, and be on file in the Friendswood High School Training Room BEFORE the student may participate in any Friendswood Independent School District athletic tryout for cheerleading or drill/dance.

DEMOGRAPHIC INFORMATION

Student's Name: _____ Social Security Number: _____ - _____ - _____
(LAST) (FIRST) (MIDDLE)

Birthdate: ____/____/____ Age: _____ Grade Level For The 2010/2011 School Year: _____ Sex: M F

Current Address: _____
(Street) (City) (State) (Zip Code)

Parent/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Pager Number: _____

Parent/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Pager Number: _____

Sport(s) you plan to participate in: Cheerleading Drill/Dance

EMERGENCY INFORMATION

Emergency Contact Name #1: _____ Relation: _____ Phone #: _____

Emergency Contact Name #2: _____ Relation: _____ Phone #: _____

Allergies to medicine or others: _____

Any medication the student athlete takes on a regular basis: _____

Any other medical concerns that should be noted: _____

Physician: _____ Phone #: _____ Dentist: _____ Phone #: _____

INSURANCE INFORMATION

Parent's Health Insurance: _____ Insurance Company Phone #: _____

Policy Number: _____ Group Number: _____

Is your son/daughter covered under this policy? YES NO

PARENT/GUARDIAN CONSENT

If, in the judgement of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such treatment as may be given to said student by a physician, trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

I hereby state that, to the best of my knowledge, the answers to the above questions are complete and correct. If, between this date and the beginning of athletic competition, any changes occur in the information provided, I agree to notify the school officials of such changes.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____