

MONTICELLO MIDDLE SCHOOL SPORT & ACTIVITY REGISTRATION/EMERGENCY FORM

Please note that this completed form along with a current **Sports Qualifying Physical Examination Clearance Form, MSHSL Athletic Eligibility Brouchure and Sports/Activity Fee *MUST*** be returned to the MS office prior to the first day of practice. Students will NOT be included on the sport/activity roster until all these forms are turned in.

Date: _____ Sport/Activity: _____

Name: _____ DOB: _____ Grade: _____

Address: _____

City/ State/Zip: _____ Home #: _____

Mother/Guardian's Name: _____ Cell #: _____

Father/Guardian's Name: _____ Cell #: _____

Parent/Guardian Email: _____

List of MS sports/activities student has participated in during the school year: _____

Non-parent to notify in case of emergency: _____ Phone: _____

Medical concerns regarding this student: _____

Medications this student is currently taking: _____

Family Dr. _____ Phone: _____

Hospital _____ Phone: _____

Ins. Co. _____ Policy #: _____

I acknowledge that by its nature, participation in interscholastic athletics includes the risk of injury which may range in severity. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Recognizing that participation in an athletic activity may require emergency care, including hospitalization, as may be needed under the circumstances.

Signature of Parent/Guardian

Date

Office Use Only

M8 _____

NOTIFICATION DATE: _____

PAYMENT METHOD:

IC ENTRY DATE: _____

CHECK # and AMOUNT: _____

FAMILY CAP MET: _____

CASH AMOUNT: _____

SCHOOL STORE or CREDIT CARD _____

REDUCED QUALIFIED LETTER: _____

FREE QUALIFIED LETTER: _____