

BANGOR HIGH SCHOOL - DEPARTMENT OF ATHLETICS

PARENT/GUARDIAN: PLEASE FILL OUT COMPLETELY. PLEASE PRINT

Student's Name: _____ **Sex:** _____

Age: _____ **Date of Birth:** _____ **Grade:** _____

Date Entered Grade 9: 2007 2008 2009 2010

Athletic Restrictions Known By Parent: _____

Is student currently under doctor's care or taking any medication? _____

Explain: _____

NOTIFY IN CASE OF EMERGENCY:

Parent/Guardian Name: _____

Phone: (Home) _____ **(Work)** _____

Address: _____

Family Doctor: _____ **Dr's Phone:** _____

INSURANCE: All students who participate in interscholastic athletic programs **MUST** have some form of insurance to cover injuries **THIS INFORMATION MUST BE FILLED IN.** (School insurance may be purchased)

Insurance Company: _____

PARENTAL CONSENT: I hereby certify that the student named above may take part in interscholastic athletics for the school year 2010-2011 which involves practice sessions, participation in athletic events and transportation to and from such events. I have read the Athletic Information and Contract attached to this form and agree to its terms.

Signature of Parent/Guardian* **Date:** _____

I have read and understand the Athletic Training Rules & Contract and agree to its terms.

Signature of Athlete **Date:** _____

PARENTS...in order to keep these vital records up to date, we depend on you to notify us if there are any changes to the above information

