

**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:** 2008  2009  2010  2011

**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 **2011-2012** 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\**