DOUGLAS COUNTY SCHOOL DISTRICT RE-1

ATHLETIC REGISTRATION/EMERGENCY INFORMATION CARD

School Name: Legend High School

SPORT	
	Fall:
	Winter:
	Spring:
	Paid:

Office use

- ☐ **CLEARED** FOR PRACTICE
- ☐ **CLEARED** FOR SCRIMMAGE OR COMPETITION
- ☐ **NOT CLEARED** FOR SCRIMMAGE OR COMPETITION
- ☐ **PHYSICAL EXPIRATION DATE:_____/____/_____**

NAME: _____ BIRTHDAY: _____ AGE: _____ SEX: _____ GRADE: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

PARENT/GUARDIAN'S NAMES: _____ HOME PHONE: _____

FATHER'S PHONE DURING DAY: _____ MOTHER'S PHONE DURING DAY: _____

EMAIL ADDRESS:_____

IN AN EMERGENCY, IF PARENTS CANNOT BE REACHED, NOTIFY:

NAME: _____ PHONE: _____

FAMILY PHYSICIAN: _____ PHONE: _____

HOSPITAL (Please indicate): _____ PHONE: _____

FAMILY DENTIST: _____ PHONE: _____

ALLERGIES: _____ MEDICATIONS: _____

Medical conditions, including head injuries in last 5 years: _____

SCHOOL(S) ATTENDED LAST 12 MONTHS: _____

YEAR YOU ENTERED 9TH GRADE? _____ MONTH/YEAR YOU ENTERED HS? _____

HAVE YOU PREVIOUSLY ATTENDED THIS SCHOOL . . WITHDRAWN AND LATER RETURNED? ☐ No ☐ Yes

I hereby give my consent to release pictures, name or other information pertaining to my student/athlete to use on a district website.
I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation.
I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment.

_____ _____

Signed (Parent or Guardian) Date

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