

MONTINI ATHLETICS INFORMATION SHEET

Grade: (circle one) 5 6 7 8

Sports (circle all that apply) Volleyball Basketball Track Cheerleading/Spirit Squad

Student Name (last) _____	(first) _____	Home Phone _____
Student Address _____		(city) _____ (zip) _____

Mom/Guardian Name (last) _____	(first) _____	Home Phone _____ <small>(if different than above)</small>
cell # _____	work # _____	Email: _____
Address(if different than above) _____		(city) _____ (zip) _____

Dad/Guardian Name (last) _____	(first) _____	Home Phone _____ <small>(if different than above)</small>
cell # _____	work # _____	Email: _____
Address(if different than above) _____		(city) _____ (zip) _____

If parent/guardian <u>cannot</u> be reached, please contact: (use different information than listed above)		
(last) _____	(first) _____	Home Phone _____
cell # _____	work # _____	Relationship _____
Address _____		(city) _____ (zip) _____

MEDICAL INFORMATION

Please list any allergies, present injuries, disabilities or medical conditions your child has. Please explain:

Family M.D. _____ Phone _____

EMERGENCY AUTHORIZATION: I, the undersigned, as parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches, parents of team members acting in the capacity of activity supervisor/driver, Montini staff, as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I authorize treatment and/or care at the nearest medical facility. I also authorize transportation by emergency vehicle.

Insurance Company _____ Policy/Group # _____

CERTIFICATION: I certify that all information given is true and correct. By my signature, I am giving permission for emergency treatment if needed for my child and I have insurance to cover my child in case of accident or injury.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____