

Student's Name _____ Sports/Activities _____ Sex M F

School _____ Grade _____ Age _____ Date of Birth ___/___/___

Parent's/Guardian's Name _____

Father's/Guardian's SS# XXX-XX _____ Mother's/Guardian's SS# XXX-XX _____

Work Address _____

Phone Number () _____

Home Address _____

Phone Number () _____

Another Person to Contact _____

Relationship _____ Phone Number () _____

Insurance Company _____

Policy Number and/or Group Numbers _____

ALLERGIES _____

Parent's Signature _____ Student's Signature _____

Date _____ Date _____

IMPORTANT NOTICE – It is the policy of the St. Tammany Parish School Board that ALL athletes participating in our school sports programs MUST HAVE EITHER MEDICAL OR ACCIDENT INSURANCE IN ORDER TO PARTICIPATE! Please be sure to provide that information on this form. This information also becomes important in case of injury or illness and we are unable to immediately contact parents/guardians