

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