

MERION MERCY ACADEMY

BOTH SIDES of this form must be completed in full before an athlete may begin practice.

Name _____ Sport _____

Address _____ Ph.# _____

School District _____ Birth Date _____ Age _____

Mother's work/cell _____ Father's work/cell _____

2 Emergency contacts other than parents:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Insurance: Company Name _____ Policy# _____

Eligibility Info:

Grade _____ Are you a transfer student? YES NO

Medical Information:

Describe any physical limitations or problems that should be known by the coach.

List any allergies _____

List any medications being used _____

Pre-existing circulatory/pulmonary conditions _____

Inhalers _____

I hereby give permission to have my child taken to the nearest hospital and treated in case of any emergency.

Parent Signature _____ Date _____