

**St. Peter School Athletic Program
Athlete Information Sheet - 2009/2010**

Circle all sports the Athlete is interested in participating:

<u>5th Grade</u>	<u>6th Grade</u>	<u>7th Grade</u>	<u>8th Grade</u>
Girls Volleyball	Girls Volleyball	Girls Volleyball	Girls Volleyball
Boys Basketball	Boys Basketball	Boys Basketball	Boys Basketball
Girls Basketball	Girls Basketball	Girls Basketball	Girls Basketball
Cheerleading	Cheerleading	Cheerleading	Cheerleading
Track	Track	Track	Track
		Boys Volleyball	Boys Volleyball

Athlete Name: _____

List of medication routinely taken by Athlete: _____

Does the Athlete use an inhaler? _____ How often? _____
If Yes, the inhaler must be available at all practices and games

List of any previous injuries: _____

List of Allergies: _____

Is the Athlete covered by School insurance? Yes or No

Name of insurance Athlete is covered by: _____

Policy/Group Number of Insurance: _____

Emergency / Contact information:

Home phone number: _____ E-mail address: _____

1st Contact Person: _____ cell #: _____

2nd Contact Person: _____ cell #: _____

By participating in the Sports program at St. Peter my family and I agree to follow the guidelines in the Athletic Handbook.

Parent/Guardian Signature(s): _____

Date: _____