

MILLBROOK HIGH SCHOOL ATHLETIC PROGRAM REGISTRATION

SPORT: _____ **LEVEL:** Var. / JV / Mod. **COUNSELOR:** Grady / Hains
STUDENT NAME: _____ **GRADE:** _____ **DOB:** _____ **AGE** _____

Parent/Guardian Name _____

Father's Bus. # _____ **Mother's Bus. #** _____ **Home Phone #** _____

Emergency Name _____ **Emergency #** _____

Insurance Carrier _____ **Policy #** _____

Did you attend Millbrook Public Schools last year? Yes _____ No _____ **Year entered 9th Grade** _____

We, the undersigned, have carefully read, understand, and agree to abide by the policies and procedures contained in the "Millbrook Public School Interscholastic Athletic Handbook for Student/Athletes and Parents."

Signature of Parent/Guardian *Date* *Signature of Student* *Date*

In the event that I cannot be reached in an emergency, I hereby give permission to the authorized Millbrook school personnel to secure appropriate treatment for my son/daughter.

SIGNATURE OF PARENT/GUARDIAN _____

Physician's Name _____ **Phone #** _____

Preferred Hospital _____

Date of last sports physical _____ **School Nurse** _____

Athletic Director _____

FORM IS NOT VALID WITHOUT SIGNATURE OF THE SCHOOL NURSE, PARENT, AND ATHLETE

SPORT/HEALTH SCREENING

NAME: _____

1. Have you had any serious injury or illness since your last sport physical? YES _____ NO _____
If yes, explain _____
2. Have you had an illness that required hospitalization or medical treatment since your last sport physical? YES _____ NO _____
If yes, explain _____
3. Do you have asthma? YES _____ NO _____
If yes, how treated _____
4. A. Any known allergies (including bee sting)? YES _____ NO _____
If yes, explain _____
- B. Do you require medication for this allergy? YES _____ NO _____
If yes, explain _____
- C. Do you require immediate attention for this allergy? YES _____ NO _____
If yes, explain _____
5. Are you presently on medication (including diabetes, epilepsy, etc.)? YES _____ NO _____
If yes, explain _____
6. Do you wear glasses or contact lenses? YES _____ NO _____

To the best of my knowledge, I am presently in good health and in proper condition to participate in the athletic activity named at the top of this form.

Signed: Student _____ **Date** _____

Parent _____ **Date** _____

NOTE: "YES" ANSWERS TO ANY OF THESE QUESTIONS DOES NOT MEAN AUTOMATIC DISQUALIFICATION FROM