

Student Name _____ (M F) Grade ____ Current Sport(s): _____

**Boulder Valley Public Schools
Athletic Registration/Emergency Information**

Address _____ City _____ Zip _____

Parent Name _____

Home Phone _____ D.O.B. _____ Age _____

Father's Phone (Day) _____ Mother's Phone (Day) _____

Father's (Cell/Pager) _____ Mother's (Cell/Pager) _____

Email address: _____

School Currently Attending _____ Grade _____

School Attended Last Year _____

Did you participate in an athletic program at this school: yes no

Name of Insurance Company: _____ Group/ID# _____

** List two **LOCAL** people who will temporarily care for your student if you cannot be reached:

During The School Day

1. Name _____ (Phone) _____

2. Name _____ (Phone) _____

After School Hours

3. Name _____ (Phone) _____

4. Name _____ (Phone) _____

Family Doctor _____ Phone # _____

Address _____ City _____

Family Dentist _____ Phone # _____

Address _____ City _____

HEALTH INFORMATION: List any significant or on-going health conditions relevant to school or athletics (severe allergies / epi pen, asthma, A.D.D., birth defect, diabetes, epilepsy, heart disease, vision or hearing problem, medications, etc.) I hereby give my consent for medical treatment deemed necessary by physicians for any illness or injury resulting from his/her athletic participation. I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment. **PLEASE LIST IN THIS SPACE**

(PARENT/GUARDIAN SIGNATURE)

(DATE)