

**TWIN PEAKS CHARTER ACADEMY – Athletic Information & Emergency Card**

Athlete's name \_\_\_\_\_ Birthdate \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Student's cell \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail \_\_\_\_\_

Father's name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency contacts:

1. \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

3. \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Family physician \_\_\_\_\_ Phone # \_\_\_\_\_ Hospital choice \_\_\_\_\_

Family dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Any major health issues the coach needs to be aware of? Yes \_\_\_\_ No \_\_\_\_

If yes, explain \_\_\_\_\_

*In consideration of his/her opportunity to participate in interscholastic activities, I hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named athlete, by a physician, qualified nurse and/or hospital, in the event of an injury or illness during all periods of time in which the athlete is away from his/her legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above named student any liability of Twin Peaks Charter Academy, any of its agents or employees, arising out of such medical treatment.*

\_\_\_\_\_  
Date\_\_\_\_\_  
Parent's Signature

If you attended middle school last year, name of school: \_\_\_\_\_

High school attended last school year: \_\_\_\_\_

Please list the sports that you played at your high school last year \_\_\_\_\_

For office use:

Student Contract signed \_\_\_\_\_ District Student Parent Handbook signed \_\_\_\_\_

Physical Exam date \_\_\_\_\_

Student Fees verified \_\_\_\_\_ Balance due (if any) \_\_\_\_\_

Athletic Fees Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash receipt # \_\_\_\_\_ Credit card order # \_\_\_\_\_

Date Cleared for practice \_\_\_\_\_ Informed Athletic Coordinator \_\_\_\_\_