

GENERAL INFORMATION

Student Name	Grade	Date
Falls Sports- Volleyball Soccer	Winter Sports- Boys Basketball Girls Basketball	Spring Sports- Track Tennis
	TYPE OF TRANSPORTATI	<u>ON</u>
Commercial Transportation	_X_ School Bus	Other (Walking to Field)
	MEDICAL INFORMATIO	N
The following special health problems should to bee stings, other severe allergies, hemophil		aken (list such items as unusually severe reaction
The following medications, prescriptions or s	pecial diets are needed:	
In the event of an accident or illness, I un immediately. However, if I am not availal Medical insurance?yesno		
Name of preferred Doctor	P	hone
Name of Insurance Carrier	P	olicy No
Brandon Lobb. Although I understand th fully aware of the special dangers and rish death. I agree to release, hold harmless a	ve questions or concerns about thi at the school will make reasonable ks inherent in participating in the nd indemnify Brighton School, Sp es, officers or owners from all cla	s activity, please contact Athletic Director, e effort to provide a safe environment, I am activity, including physical injury and/or
Print Name:	Date:	
Signature of Parent/Legal Guardian:		
Home Phone:	Work#	Cell#
Parent Email:		
	ANNE ADAMS, HEAD OF S	