

**SCHOOL DISTRICT OF HAVERFORD TOWNSHIP
STUDENT ELIGIBILITY INFORMATION**

DATE _____ NAME OF SPORT _____

NAME _____ STUDENT ID NUMBER _____

DATE OF BIRTH _____, 19____ AGE _____ PLACE OF BIRTH _____

Circle the NUMBER OF SEASONS in which you have participated in above named sport BEYOND the 8th grade—

INCLUDING PRESENT SEMESTER: 9th 10th 11th 12th

Circle the NUMBER OF SEMESTERS OF ATTENDANCE in high school beyond the 8th GRADE, INCLUDING present semester (there are 2 semesters per school year).

| | | | | | | | |
|-------|---|-------|---|-------|---|-------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| _____ | | _____ | | _____ | | _____ | |
| 9th | | 10th | | 11th | | 12th | |

Number of times demoted from grade 9 to grade 12 _____

Demoted in which grade, or grades (please check) 9 _____ 10 _____ 11 _____ 12 _____

WHERE DID YOU ATTEND SCHOOL LAST YEAR? _____

PARENT PERMISSION

_____ has my permission to participate in _____
I understand that the school district does not assume responsibility for any injuries which may occur, and I will assume responsibility for equipment issued to the above student.

Signature of Parent or Guardian _____

EMERGENCY INFORMATION

SCHOOL YEAR _____ SPORT _____

NAME _____ M or F BIRTHDATE _____

PARENT'S NAME _____

HOME ADDRESS _____

HOME # _____

PARENT CONTACT DAYTIME NUMBER: FATHER _____ MOTHER _____

EMERGENCY CONTACT, IF PARENTS ARE NOT AVAILABLE:

NOTIFY _____ PHONE # _____

DOCTOR'S NAME AND PHONE # _____ HOSPITAL _____

KNOWN ALLERGIES OR MEDICAL PROBLEMS: _____

INSURANCE NAME _____

POLICY AND GROUP # _____

THE TEAM PHYSICIAN, TRAINER AND COACH MAY APPLY FIRST AID TREATMENT UNTIL THE FAMILY PHYSICIAN CAN BE CONTACTED. YES _____ NO _____

WE GIVE OUR CONSENT FOR COACHES, TRAINERS AND TEAM PHYSICIAN TO USE THEIR OWN JUDGMENT IN SECURING MEDICAL AID AND AMBULANCE SERVICE IN CASE PARENTS CANNOT BE REACHED. YES _____ NO _____

PARENT'S SIGNATURE: _____