

# TRACK CONFIRMATION FORM

Please turn into school office by Wednesday, March 17  
Track Parent-Athlete Meeting: Tuesday, March 23 at 3:15 in Room 16.



**My child will be participating in the STCS Girls and Boys  
Track and Field Program**

- My check for \$35 is attached and my paperwork (7 forms and sports physical) was turned in earlier this year.
- My check for \$35 is attached along with my sports physical. All other paperwork is complete.
- I have already paid my \$35 fee. All other paperwork is complete.
- My emergency information is the same.
- My emergency information has changed. Please update your records with this new information. .
- Other: \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Teacher** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Best phone to reach you** \_\_\_\_\_

**If you have not turned in sports paperwork, it is available at [www.stcs.us](http://www.stcs.us).  
Click "Athletics," Click "Spring Sports," Click "First Time Participant for Track  
and Field."**

## SPORTS EMERGENCY FORM

Please complete the following form. This form is required for every student who is involved in after school sports. All areas must be completed and *all four emergency contacts must sign the form below their name*, signifying that they have agreed to be called in case of an injury or emergency. Parent or Guardian is required to list two people other than parent who may pick-up or authorize care for the injured child. *All information is given to your child's coach and will only be used for your child's health and safety concerns.*

### STUDENT INFORMATION

Name \_\_\_\_\_ Birth Date:    /    /  
\_\_\_\_\_ *Last*                      *First*                      *Middle*                      *Month* *Date* *Yr*  
Present Age:              Sex              Grade:              Teacher:  
Home Address:                                      Apt.              City:                      Zip:                      Hm Phone:

### MEDICAL INFORMATION:

Allergies (food and drugs): \_\_\_\_\_  
Medications (all routine & as needed meds): \_\_\_\_\_  
Special Health Conditions: \_\_\_\_\_

### FATHER STEPFATHER GUARDIAN

### MOTHER STEPMOTHER GUARDIAN

\_\_\_\_\_ *Circle One*                                      \_\_\_\_\_ *Circle One*  
Name:                                      Name:  
Occupation:                                      Occupation:  
Home Phone:                                      Home Phone:  
Cell Phone:                                      Cell Phone:  
Work Phone:                                      Work Phone:  
E-mail:                                      E-mail:

### ALTERNATE EMERGENCY CONTACTS:

Name:                                      Name:  
Occupation:                                      Occupation:  
Home Phone:                                      Home Phone:  
Cell Phone:                                      Cell Phone:  
Work Phone:                                      Work Phone:

Doctor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

*It is the sole responsibility of the parent to provide transportation for an injured child as soon as possible. Please notify the school immediately if any of the information changes or if you would like to make additional information available such as*

*new medical or emergency information. Thank you \_\_\_\_\_ (Signature of Parent or Guardian)*