

**Buena Vista Middle School
Athletic Participation Form**

18250 Tara Drive, Salinas, CA 93908 * Phone 455-8936 * Fax 455-8832

Student's Name: _____

After School Sport: _____ Grade: ____ Date of Birth: _____ HR Teacher: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Cell Phone(s): _____

Email Address: _____

Emergency Contact Person: _____ Relationship: _____

Primary Phone: _____ Alternate Phone: _____

Emergency Contact Person: _____ Relationship: _____

Primary Phone: _____ Alternate Phone: _____

Medical Information

Family Physician: _____ Phone: _____

Health Insurance Carrier: _____ Policy #: _____

Pertinent health issues, medical concerns, limitations, or allergies (foods, medications, etc.):

In case of an emergency arising during after school sports, I hereby authorize a representative of the Spreckels Union School District to arrange medical treatment for my child,

_____.

(Student's Name)

I hereby give my consent for my child to participate in after school sports at Buena Vista Middle School.

Parent/Guardian Signature: _____ **Date:** _____