

Marquette Middle School  
Athletic Eligibility Information  
Yakima, Washington

STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

PARENT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE WHERE EACH PARENT CAN BE CONTACTED:

FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Physical problems we should be aware of (allergies, disabilities, etc.) \_\_\_\_\_

\_\_\_\_\_

If in the event of serious injury, and your family doctor cannot be contacted, and if we are unable to contact one of the other parent, does the coaching staff have your permission to seek medical attention from the nearest physician? YES \_\_\_\_\_ NO \_\_\_\_\_ If your answer is "NO", please state the procedure you wish the coaching staff to follow: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

YOUR INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

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Parent Consent

I hereby give my consent that \_\_\_\_\_ may participate in interscholastic sports:

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT: This form must be completed and returned to the Athletic Director before you will be allowed to turn out for teams engaged in interscholastic sports.