

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 _____

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.