

Phoenix Day School for the Deaf ATHLETICS

REGISTRATION FORM

Fall 2022

PARTICIPANT INFORMATION - Please print legibly

Student's Name: _____ Gender: Male Female

Student's Date of Birth: _____ Student's Age: _____ Grade: _____

High School Football High School Volleyball
 Flag Football 5-6 Flag Football 7-8 Volleyball 5-6 Volleyball 7-8

T-Shirt Size: Small Medium Large XL 2XL

Name of Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Home Mailing address: _____

City: _____ State: _____ Zip Code: _____

Secondary Contact:

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Insurance Company: _____ **Group & Policy Number:** _____

Medications Student Takes Regularly: _____

Student Allergies: _____

Student Uses Inhaler: NO YES

Special Health Considerations: _____