



Athlete Information



Student Name: _____

LAST

FIRST

MIDDLE INITIAL

Student Address: _____

STREET

CITY

ZIP

Gender: M F Age: _____ Date of Birth: _____

School: _____ Circle Grade: 6 7 8 9 10 11 12

Father/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Mother/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Email Address: Parent/Guardian/18-Year-Old: _____

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

Signature of STUDENT: _____ Date: _____

Signature of PARENT/GUARDIAN or 18-Year-Old: _____

Date: _____

Sports participating in (circle):

Football Soccer Swim Cross Country Golf Tennis Volleyball Dance
Sideline Cheer Basketball Bowling Hockey Wrestling Softball Track
Baseball Comp. Cheer Lacrosse Pompon