

Manlius Pebble Hill School
Extracurricular / Athletic Program Registration
Coach must have before first practice or athlete can not participate.

Sport/Activity _____
Student Name _____ Grade _____
Birth Date _____ Age _____
Name(s) of Parent/Guardian _____

Address, Town, Zip _____
Home Phone _____
Mother Cell Phone: _____ Mother Work Phone: _____
Father Cell Phone: _____ Father Work Phone: _____
Emergency contact name _____ Emergency # _____

Name of Insurance Company and Policy Holder _____
Policy # _____ Group # _____ Phone # _____

*In the event that I cannot be reached in the case of an emergency, I hereby give permission to the authorized Manlius Pebble Hill School personnel to secure appropriate treatment for my son/daughter.

Signature(s) of Parent/Guardian (s) _____

Physician's Name and Phone # _____

Preferred Hospital: _____

Date of last tetanus shot: _____

Date of last physical on record with school nurse: _____

Please list any allergic reactions to medications and/or other allergies: _____

Current medications your child is taking: _____

Please list below any health concerns or changes in your child's health status since his/her last physical (i.e. head injury, x-rays, ...) that you feel the coach should be aware of (i.e. corrective lenses, contacts, ...)
