

# Francis W. Parker Charter Essential School - Athlete Registration

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian#1 \_\_\_\_\_

Email: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_ ext \_\_\_\_\_

Parent/Guardian#2 \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_ ext \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

*Please check the sport(s) the student wishes to play:*

Fall Sport: Cross Country Soccer

Winter Sports: Basketball Track Swimming

Spring Sports: Baseball Softball

Track Lacrosse

**Opioid Misuse Prevention – My electronic initials attest that I have read the documents with my child.**

Parent initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Concussion Information – My electronic initials attest that I have read the documents with my child.**

Parent initials: \_\_\_\_\_ Date: \_\_\_\_\_

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*For School Nurse Use Only:* Last Physical: \_\_\_\_\_