

**Francis W. Parker Charter Essential School**

**Athlete Registration**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent 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

Spring Sports: Baseball          Softball

Track          Lacrosse

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**For School Nurse Use Only:**

Last Physical: \_\_\_\_\_

Documents Still Needed: \_\_\_\_\_

Date(s) parents contacted: \_\_\_\_\_