Spokane Athletic Co-op Athletic Participation Form

Name of Child Home Address		Date of Birth	Sex	Grade in Fall	
		Zip Code	Ho	Home phone	
Mother's	s/Guardian's Info	Father's/0	Guardian's Info		
Name:					
Wk Phone					
Cell Phone:					
In case of emergency (a 1	-	e reached) notify			
Name	Home Phone	Cell/Wk Pho	ne Rel	ationship	
2. Name	Home Phone	Cell/Wk Pho	ne Rel	ationship	
In case of a medical for any necessary tre transfer to any hospit	eatment, to includ	le treatment by a	. •		
		Parent/Guardian Signature			
The following inform having access to our	nation is provided (my) child's med	for any licensed pical history:	physician, den	tist, or hospital 1	
Health Care Provide		ess	Phone		
Family Dentist Addre		ess	Phone	Phone	
ALLERGIES:				-	
DATE OF LAST TE	ETANUS SHOT:			-	
MEDICAL INSURANCE COMPANY		:	POLICY	NO:	
DENTAL INSURANCE COMPANY:_			POLICY	NO:	
OTHED DEDTINEN	IT INFO:				