SAN JUAN SCHOOL DISTRICT **ACTIVITES INFORMATION CARD**

EXPIRATION	DATE:		

Player (Student)

DATE_

A. STUDENT INFORMATION (Please Print)				
Name Last	First	Middle		
Grade in School	1 11 30	Middle		
SEX: M F (circle one)	Student ID #	_ Today's Date:		
Birth date:		Work Phone:		
Parent/Guardian:	Emergency Contact:			
Address:	Emergency Contact Phone:			
City: State/Zip:	E. EQUIPMENT RESPONSIBILITY			
Parents and students initial the applicable activity: FootballBasketballTennisGolf	I agree to be responsible for the safe return or replacement of all athletic and/or activity equipment issued by the school to the above named student, F. Co-Curricular Policy I have read and understand the San Juan School District Co-Curricular Policy including the expectations related to chemical substance abuse, attendance, academics and citizenship. G. EMERGENCY MEDICAL SERVICE If emergency service involving medical actions or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school. Name of Family Physician: Phone Number:			
I/We hereby certify and affirm that I/we are the parent(s)/legal guardian(s) of	Hospital Preference: H. INSURANCE I understand that it is my responsibility to provide medical insurance for my son/daughter. The options are a family medical plan or the purchase of a school-time policy. I agree to provide coverage through one of these two means. Company Name (if applicable) Policy # Parent Signature: I/WE HAVE READ, UNDERSTAND, AND AGREE TO THE INFORMATION IN ITEMS A THROUGH H. SIGN X Parent/Guardian Signature DATE			