WOODSIDE AFTERSCHOOL SPORTS PROGRAM APPLICATION AND CONSENT FORM

PLEASE COMPLETE THIS FORM AND RETURN WITH YOUR CHECK TO THE SCHOOL OFFICE

SPORT:	FEE:\$165	JERSEY \$30	/ SHORTS(FB only) \$30	TOTAL	
Name of Athlete: I understand that there are risks pre participate in the above named sp Woodside School.	sent in any and all sport	ts. With full know	edge of this, I am giving my	child permission to	
Parent Signature:			Date:		
	EMERGEN(CY INFORMATION	ON		
Father's Name:	me:Cell Phone:				
		Cell Phone:			
Home Address:					
City:					
•	•				
Email Address:					
	MEDICAL	INFORMATIO	v		
authorization before any treatment of	or hospitalization is und ergency situation it is no ch or appropriate Wood	ertaken. ot always possible Iside School officia	Date:	cified physician or arest facility if the	
Family Doctor:			Phone: (<u>)</u>		
Family Hospital:		Phon	e: ()		
As required by Ed. Code sections 3	<u> 15751 - 315752:</u>				
Medical Insurance Carrier:				_	
Policy ID number:					
INTERESTED IN COACHING?:	YES□ NO□				
JERSEY NEEDED	\$30.00 FEE:	YES□	NO I HAVE ONE FROM	LAST YEAR□	
CIRCLE SIZE:		YM YL	AS AM AL	AXL	
SHORTS NEEDED: (Football ONI CIRCLE SIZE:	LY) \$30.00 FEE	YES□ AS AM	NO I HAVE THEM FROM AL AXL	M LAST YEAR□	