

Valley Middle Schools Athletics Registration

_____ Last Name _____ First Name _____ grade _____ date of birth _____

Please circle all sports you are interested in participating: CC FB SW VB BB WR TR

Home phone: _____ Student cell phone: _____

Home address: _____
street City zip

Emergency Information

	Name (parent/guardians first, then others)	Relationship	Phone #	Phone #
1				
2				
3				

Insurance coverage is REQUIRED to participate in athletics:

_____ Insurance Provider _____ policy number _____

Primary mode of transportation from practice, when in:

	Walk home	Parent will pick up	Shuttle bus	Other: be specific
LaSalle				
Gilcrest				
Platteville				

← OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE →

_____ Current physical _____ expiration date _____
 _____ Training rules _____

COACH: The above student is cleared to participate in athletics.

_____ Athletic Director/Administrator _____ date _____