



Registration / Returning Athlete Summer Training 2024

Step 1 of 5: Select Student

Step 1. Select Student

Step 2. Select Activity

Step 3. Physical Forms

Step 4. Parent/Guardian Info

Step 5. Medical Information

Student Information

Student ID: First

Name: * Last

Name: * Middle

Initial: Cell

Phone: Mobile

Provider:

Email:

Gender: *

Grade: *

Date of Birth: *



Height:

Weight:

All Year Activity

- None

-2023-2024



RA Summer Training **RA Summer Training**

Fee:	\$25.00
Total Cost:	\$25.00
<hr/>	
Total Activity Fee:	\$25.00
Total Amount Due:	\$25.00

Physical Date

File Upload:

Date of this Physical Exam:



Parent/Guardian 1 Information

First Name: *

Last Name: *

Day Phone: *

Night Phone: *

Cell Phone: *

Address: *

City: *

State: *

Zip: *

Email: *

Parent/Guardian 2 Information

First Name:

Last Name:

Day Phone:

Night Phone:

Cell Phone:

Address:

City:

State:

Zip:

Email:

Medical Information

Primary Doctor

Name:

Address:

Phone 1:

Phone 2:

Preferred Hospital

Hospital Name:

Phone 1:

Phone 2:

Address:

Preferred Dentist

Dentist Name:

Phone 1:

Phone 2:

Address:

Medical Conditions:

Allergies:

Medical Insurance

Company Name:

Policy #:

Dental Insurance

Company Name:

Policy #:

Medication & Purpose:

	Medication	Purpose
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

Vision:

Hearing:

Emergency Contact Information 1

Name: *

Relationship: *

Day Phone: *

Night Phone: *

Cell Phone: *

Address: *

City: *

State: *

Zip: *

Email: *

Emergency Contact Information 2

Name:

Relationship:

Day Phone:

Night Phone:

Cell Phone:

Address:

City:

State:

Zip:

Email: