

Ferrisburgh Central School
Basketball Athletic Information

Athlete Information

Name _____ Grade _____
Address _____ Sex _____

Parent/Guardian _____
Phone # _____ Cell Phone # _____
Email Address _____
Place of work and number in case of an emergency:

Parent/Guardian _____
Phone # _____ Cell Phone # _____
Email Address _____
Place of work and number in case of an emergency:

Medical History

____ Broken Bones- Where _____ Concussion _____
____ Sprains/Torn Ligaments-Where _____
____ Spinal Injury ____ Seizure/Epilepsy ____ Wears Glasses _____
____ Asthma, currently on what medication? _____
____ Allergies, please list _____
____ Nut Allergy _____ Bee Sting Allergy _____

Insurance Information

Name of Policy Holder _____
Insurance Company _____
Policy #/Subscriber# _____
Hospital Preference _____
Physician's Name _____ Phone # _____

Emergency Information:

If we cannot reach you:

Second Contact Person _____

Phone # _____ Cell Phone# _____

Relationship to Athlete _____

Permission Statement:

I give my daughter/son permission to participate in the sport of basketball during the school year. Furthermore, in case of injury related to this sport in any way, I *do not* hold Ferrisburgh Central School, the coaches, or any other school responsible. In case of injury, every effort will be made to contact me prior to taking my child to be treated by a physician or hospital. In the event that I cannot be notified, I give the basketball coach/coaches permission to sign for treatment in the case of an injury or accident. Ferrisburgh Central School and coaches are in no way held responsible for the treatment given by local ambulance, doctors, or hospitals.

Parent/Guardian Signature _____

Date _____

Your child’s team cannot happen without your support.

Please sign-up and share the duties:

- _____ Assist at practices
- _____ Assist at games (help on side-lines)
- _____ Referee at games
- _____ Uniforms (distribute, track, & collect at end of season)
- _____ Pot-Luck Organization and Clean-up
- _____ Snacks for Grades 3 & 4
- _____ Coach Gift Coordinator