

# SPORTS INFORMATION FORM

## For NEW Homeschool Families Only

Student's Name \_\_\_\_\_

Parent's Names \_\_\_\_\_

Check the appropriate Sports Team:

Elementary Volleyball  Junior High Volleyball  Varsity Volleyball   
Elementary Basketball  Junior High Basketball  Varsity Basketball

Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Student's Address \_\_\_\_\_

Family Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Student's Cell: \_\_\_\_\_

\*\*Give any cell phones numbers that you would like to receive texts from the coaches and athletic director regarding important information or changes in practices or games.

### Emergency Contact Information

Name and Address of Family/Friend	Relationship	Contact Phone
1.		
2.		

### Medical Information:

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

I give permission for my child to be given Tylenol if needed  Yes  No

Please fill out and return to the office in person or email [office@ocsroyals.org](mailto:office@ocsroyals.org)