

# Coahulla Creek High School

## Student Athlete Information

***\*\*PARENT OR GUARDIAN MUST COMPLETE THE FOLLOWING\*\****

Student's Full Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Number: \_\_\_\_\_

Medical Conditions and / or Allergies: \_\_\_\_\_

Father / Guardian Name: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother / Guardian Name: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent / Guardian Name (Please Print): \_\_\_\_\_ Today's Date: \_\_\_\_\_