HOOVER-MEREDITH ACTIVITY/EMERGENCY REGISTRATION FORM (Complete <u>ALL</u> information below - <u>PLEASE PRINT</u>

	NAME: (First) (Middle Init.)		Home Phone:			
	(First)	(Middle Init.)	(Last)			
Male_	Female	_ Student ID Number :		DOB:	Grade:	
Street 2	Address:		City:		Zip:	
Custodial Parent/Guardian Name:						
ATHL	ETE/PAREN	Cell Phone: VT RULES ACKNOWLE	Email DGEMEN'	address: Г		
I hereby	acknowledge th	at I have read the "Athletic Rules letics at Hoover High School.			there to those regulations	
Date		Signature of Parent _			<u> </u>	
Date	,	Signature of Student/A	thlete			
HEAL'	TH INFORM	IATION FORM				
n an er	nergency, who	en parent/guardian cannot b	e reached, p	lease contact (mu	st be an adult):	
		Relationship		Phone	Y (m)	
amily	Doctor:		Phone No.			
amily	Dentist:	^		Phone NoPhone No		
referre	ed Hospital:			Dhone No		
				FIGURE 180		
List any	known allergi	do not_ es, drug reactions, or other per	tinent medica	al information. (D	abetes, seizures, history of	
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