

# Athletic Card – Mt. Baker Middle School

Auburn School District No. 408

Sport: \_\_\_\_\_

**ONLY 1 SPORT PER SEASON**

Parent Email - So that coach can communicate with you \_\_\_\_\_

**(PLEASE FILL IN ALL BLANKS. Parent/Guardian note: This information is necessary in the event injury occurs while away from school or outside regular school hours)**

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

WK. PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

DOCTOR: \_\_\_\_\_

PHONE: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

PHONE: \_\_\_\_\_

Indicate any history of allergies, injuries, heart or other medical problems.

\_\_\_\_\_

Medical insurance is required while participating in school-sponsored athletics.

I have adequate coverage with \_\_\_\_\_

I do not have adequate coverage

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

## (OFFICE USE ONLY)

### CHECKLIST OF REQUIREMENTS

ASB Card Purchased

Sports Physical

Parent Athletic Packet (Online)

Student Athletic Packet (Online)

\_\_\_\_\_  
Cleared By

\_\_\_\_\_  
Date

===== **COACH USE ONLY** =====

Equipment Issued:

# on Equipment

Returned

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Minimum weight class \_\_\_\_\_ lbs.