



## Rolesville Charter Academy Athletic Participation Form

Instructions: Please fill the following information out and return it to the front office or Coach Via. All student and parent contact information must be complete. All insurance information must be complete. Please attach any additional medical documentation or information that may be relevant for your students' participation.

Student's Name: \_\_\_\_\_  
(Last) (M.I.) (First)

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact BESIDES Parents: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Medical Information:

Student's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_