

MT. ANGEL MIDDLE SCHOOL PARTICIPATION FILE CARD  
MT. ANGEL MIDDLE SCHOOL ATHLETICS

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Contact in Case of Emergency \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medications \_\_\_\_\_

Date of Last Physical Exam \_\_\_\_\_

Allergies  
\_\_\_\_\_

Other specific information that the school should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_