

2019-2020 LE SUEUR-HENDERSON SCHOOLS ACTIVITIES REGISTRATION FORM

This form must be completed and returned to the Activities Office before the student will be permitted to practice or play.

Student Name _____ Grade _____ Gender _____
 Address _____ City _____ Zip _____
 Birth Date _____ Home Phone _____ Parent Email: _____
 Mother's Name _____ Phone _____ Work Phone _____
 Father's Name _____ Phone _____ Work Phone _____
 Medical History: Diabetes _____ Epilepsy _____ Asthma _____
 Allergies (list) _____
 List any other health concerns: _____

Permission is hereby granted to the attending physician to proceed with any medical or surgical treatment, x-ray examinations, and immunizations for the above named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious means possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the student may be given. In the event that an emergency arises during a practice session, an effort will be made to contact parents or guardians as soon as possible. Permission is also granted to the athletic trainer or coach to provide emergency treatment to this student prior to his admission to a medical facility.

Parent/Guardian Signature _____ Date _____
 Non-parent to notify in case of emergency _____ Phone _____
 Family Physician Name _____ Phone _____
 Insurance info: _____ Group #: _____ Policy #: _____

I understand that as a participant, all MSHSL and Le Sueur-Henderson Schools participation and eligibility policies will be followed.

Parent/Guardian Signature _____ Date _____
 Student Signature _____ Date _____

 * OFFICE USE ONLY *

THIS FORM MUST BE COMPLETED BEFORE YOU WILL BE ALLOWED TO PARTICIPATE AND/OR PRACTICE!

FALL SPORT: _____
 Physical _____ MSHSL Form _____ Fee Pd. _____ (or Payment Plan _____)
 The student has turned in all eligibility forms and paid his/her fee
 and is cleared to participate in practices, contests, and performances _____
(Athletic Office Signature Only) _____ Date _____

WINTER SPORT: _____
 Physical _____ MSHSL Form _____ Fee Pd. _____ (or Payment Plan _____)
 The student has turned in all eligibility forms and paid his/her fee
 and is cleared to participate in practices, contests, and performances _____
(Athletic Office Signature Only) _____ Date _____

SPRING SPORT: _____
 Physical _____ MSHSL Form _____ Fee Pd. _____ (or Payment Plan _____)
 The student has turned in all eligibility forms and paid his/her fee
 and is cleared to participate in practices, contests, and performances _____
(Athletic Office Signature Only) _____ Date _____