

# 2020-2021 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 \_\_\_\_\_

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**\* OFFICE USE ONLY \***

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

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**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 \_\_\_\_\_