

New West Charter High School Athletics

Student-Athlete Information Form

School Year:	Sport:	
Student-Athlete's Name:		Grade:
Age:	Birthdate:	
Student-Athlete's Home Address:		
Father's Name:		
Phone # Home: Email:	Cell:	
Mother's Name:		
Phone # Home:Email:	Cell:	
Guardian's Name:		
Phone # Home: Email:	Cell:	
Emergency Contact Information:		
Emergency Contact 1		
Name:Phone #:		
Emergency Contact 2 Name:		
Phone #:		
I give my son/daughter the permission to pa and understand that participation is a privi		West Charter High School
Parent/Guardian Signature:		