

Coahulla Creek High School

Student Athlete Information

****PARENT OR GUARDIAN MUST COMPLETE THE FOLLOWING****

Student's Full Name: _____

Student Address: _____

City, State & Zip: _____

Home Phone: _____ Student Cell Number: _____

Medical Conditions and / or Allergies: _____

Father / Guardian Name: _____

Work Number: _____ Cell Number: _____

Email Address: _____

Mother / Guardian Name: _____

Work Number: _____ Cell Number: _____

Email Address: _____

Emergency Contact Name: _____ Relation: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Parent Signature: _____

Parent / Guardian Name (Please Print): _____ Today's Date: _____