

**REQUIRED TO COMPLETE FOR EACH SPORT:**  
**ATHLETIC ELIGIBILITY/EMERGENCY INFORMATION Use pen: Write clearly**

*Grand Ledge schools eligibility and information card: This form and a physical card must be on file in the athletic office prior to representing Grand Ledge in any athletic events, or you will not be eligible to participate. Fill each of the four sections out completely.*

**1. ELIGIBILITY INFORMATION:**

Today's date \_\_\_\_\_ New Student to the district this year? \_\_\_\_ Yes \_\_\_\_ No Male \_\_\_\_ Female \_\_\_\_

Circle the level you are trying out for: Middle Frosh Junior Varsity Varsity

This form is for one season: ( ) Fall ( ) Winter ( ) Spring

Physical on File in the athletic office? \_\_\_\_\_ **SPORT** \_\_\_\_\_

**NAME** \_\_\_\_\_ **Birthdate** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Grade** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Home (e-mail) address:** \_\_\_\_\_

**2. EMERGENCY INFORMATION:**

Student lives with: Circle one: Both parents Mom Dad Guardian at the above address.

List first and last name of those you live with: \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Cell: \_\_\_\_\_ Wk Phone \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Cell: \_\_\_\_\_ Wk Phone \_\_\_\_\_

Who should be called in case of emergency if neither parent can be reached?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor: \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Detail any special medical information (allergies, known drug reaction, current prescribed medications, etc.) \_\_\_\_\_

**3. FEE:** (Checks made payable to Grand Ledge Athletic Department)

There is a registration fee for entrance into the competitive athletic programs offered by Grand Ledge Public Schools. **This annual fee is \$100.00 for high school students, and \$50.00 for middle school students. (Maximum \$220.00 per family)** This fee will be paid on the first day of practice or of tryouts. Your money will be refunded if your child is cut from a team. *Lack of playing time will not be a criteria for a refund.* No student will be ineligible to participate in athletic programs solely due to inability to pay. Students/parents may make application for fee waiver by checking below. This will be considered confidential, but shall be available to appropriate school personnel for processing. If you are requesting payment arrangements or fee waiver, the athlete will be allowed to practice while requests are considered and processed. **Registration fee attached:** Cash \_\_\_\_ Check \_\_\_\_ #

I would like to discuss payment arrangements: \_\_\_\_\_ Fee already paid for (Sport) \_\_\_\_\_

We are making application of a waiver of registration fees due to financial inability (Federal Lunch Program criteria will be used) \_\_\_\_\_.

*I understand that my signature indicates I give permission for my child to participate in the sports program offered above and I agree to pay the participation fee unless a waiver is granted. My signature also gives consent for the NATA certified trainer and the team physicians to attend to my child in the event of an injury. It further allows the school to publicize and print athletic information that includes data about my child, and to disclose to the MHSAA information otherwise protected by FERPA and HIPPA for the purposes of determining eligibility for interscholastic athletics.*

**4.** \_\_\_\_\_ **Parent Signature** required.

Athletic office: Top White copy

Coach: Yellow copy