



PIONEER MIDDLE SCHOOL ATHLETICS REGISTRATION FORM

Return forms to the office

Scholar's Name: _____ Current Grade Level: _____

T-Shirt Size (circle one): YS YM YL AS AM AL AXL AXXL

Child's Limitations/Pertinent Health Conditions (Please provide doctor note documenting health condition and required medical care if necessary)

Parent/Guardian Info:

Parent/Guardian Name: _____ Phone: (____) _____

Email Address: _____ Authorized to pick up: Y N

Parent/Guardian Name: _____ Phone: (____) _____

Email Address: _____ Authorized to pick up: Y N

Emergency Contact Info (OTHER THAN PARENT)

Name: _____ Phone: (____) _____ Authorized to pick up: Y N

List the names of any **additional** people that are authorized to pick up your child:

1 _____ 3 _____

2 _____ 4 _____

If scholar-athlete is a biker/walker, do you give permission for them to bike/walk home alone: Yes No

Parent/Legal Guardian Name Printed

Parent/Legal Guardian Signature

Date

