

# Triad Blue Jays

varsity high school baseball

## Athletic Registration Form

### Participant Information:

Player's Name: \_\_\_\_\_  
Last First Middle

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Date of Birth Age on 5/1/16 Grade Height Weight

\_\_\_\_\_ | \_\_\_\_\_  
Legal Name of School (as registered in NC) Legal Name of Administrator

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Street Address City ZIP

### Parent/Guardian Information:

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Name Phone Number E-mail

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Name Phone Number E-mail

### Emergency Contact (if parents are unreachable):

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Name/Relation Phone Number E-mail

### Medical History:

\_\_\_\_\_ | \_\_\_\_\_  
List of Allergies Required Medications

\_\_\_\_\_ | \_\_\_\_\_  
Medical Problems/History an Attending Physician or EMT Should Know if Rendering Treatment

\_\_\_\_\_ | \_\_\_\_\_  
Parent/Guardian Signature Date Signed

\_\_\_\_\_ | \_\_\_\_\_  
Parent/Guardian Name (print)