## CENTRAL BUCKS SCHOOL DISTRICT ATHLETIC DEPARTMENT ELIGIBILITY

NAME_	LAST		FIRST	MIDDLE		Male / Female (circle)
*				SPORT		
Date	of Birth:/	/	Age of Studer	nt on Last Birthday:		Grade:
Place o	Birth:					
	(	City (Not Hospital)	Sta	ate		
Address	):					
	STREET		CIT	Y	STAT	E ZIP
Current l	Residence is loca	ited within the boo	undaries of the		Sch	nool District
	* Summa	ry of Student's S	School(s) attende	d and Sport particip	ation in eac	:h Season:
		(Check th	e grade even if you did	not complete the entire se	ason)	1
GRADE SCHOOL YEAR		SCHOOL ATTENDED		List Sport I	List Sport Participation in Each Season	
				FALL	WINTER	SPRING
7		<del>- · · · · · · · · · · · · · · · · · · ·</del>	_			
•						
		<del></del>				
			_			
ow manj	/ semesters hav	ve you complete	d in each grade?	(2 semesters equals 1	full year)	
h	8th	9th	10th	11th	12th	
			Yes			
				same High School?		sNo
no, where d	id you attend?	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		_	•
ere you	absent 15 or mo	re school days	(total) during the	previous semester	? Y	esNo
e certify	that the above i	information is ac	ccurate.			
	· · · · · · · · · · · · · · · · · · ·					
	<b>A</b>	<del></del>				l
	Student Signat *If you have any	ure	Paren	t Signature		Date

NAME			
	LAST	FIRST	
GRADE	SPORT		



## CENTRAL BUCKS SCHOOL DISTRICT - DOYLESTOWN, PENNSYLVANIA

## **EMERGENCY INFORMATION AND CONSENT**

Student Add	lress:	DOB:		
Parent/Guar	dian:	Home Phone:		
		Mother:		
		Mother:		
PERS	ON TO CONTA	ACT IN CASE OF EMERGENCY, OTHER THAN PARENT OR GUARDIAN:		
Name (& rela		Phone:		
•	•	INSURANCE INFORMATION		
Insurance Co	mpany	Subscriber:		
Policy/Group	#:			
Pre-authoriza	ition Phone # (i	f needed):		
		MEDICAL INFORMATION		
Family Doctor	r:	Phone:		
Last Tetanus Chronic Condi		Wears Glasses or contacts:		
Any known all	lergies:			
	cations (include			
Other pertiner	nt information:			
To whom it ma	ay concern:	MEDICAL CONSENT FOR TREATMENT		
injury or injurio District.		iner, coaches, or other school personnel) may apply first aid treatment for any uring participation in interschool athletics sanctioned by Central Bucks School		
In the event of reatment or h	f an emergency ospitalization is	requiring medical attention every effort will be made to contact me before any undertaken. In case we cannot be reached, we give consent for the athletic nt in securing medical aid, ambulance service, and if necessary hospital		
/ES:	NO:			
PREFERRED	HOSPITAL:			
)aront/Guardi	ian Signaturor	Date:		