PLEASE INDICATE:

FALL '11 TRAINING ____

WINT '12 TRAINING____

Our Lady of Mercy High School Crew

1437 Blossom Road Rochester NY 14610 585-288-7120

Season Registration & Emergency Treatment Form

A. STUDENT INFORMATION

1. LAST NAME _____FIRST NAME _____
2. MAILING ADDRESS _____
   STREET CITY STATE ZIP
3. HOME PHONE _____ DATE OF BIRTH _____ AGE __ GRADE _____ NOVICE _____VARSITY_____
4. CELL PHONE _____ EMAIL ADDRESS _____

B. FATHER/GUARDIAN INFORMATION

1. _____
   NAME HOME PHONE WORK PHONE CELL PHONE
2. ADDRESS (IF DIFFERENT) _____
3. EMAIL ADDRESS _____

C. MOTHER/GUARDIAN INFORMATION

1. _____
   NAME HOME PHONE WORK PHONE CELL PHONE
2. ADDRESS (IF DIFFERENT) _____
3. EMAIL ADDRESS _____

D. IF A PARENT IS NOT AVAILABLE – EMERGENCY CONTACT

1. _____
   NAME HOME PHONE WORK PHONE CELL PHONE
2. _____
   RELATIONSHIP ADDRESS

E. HEALTH INFORMATION

1. _____
   PHYSICIAN'S NAME PHONE ADDRESS
2. _____
   HEALTH INSURANCE CARRIER I.D. POLICY NUMBER
3. _____
   SUBSCRIBER NAME CARRIER PHONE

F. MEDICAL INFORMATION – CHECK ALL ITEMS THAT APPLY TO STUDENT'S HISTORY – PAST OR PRESENT

Condition	Yes	No	Explain and Date
Allergies			
Asthma/Inhaler			
Diabetes			
High Blood Pressure			
Convulsions/Seizures			
Bleeding Disorders			
Heart Trouble			
Head/Back/Neck Injury			
Bone Breaks/Fractures			
Shoulder/Knee Injuries			
Regular Prescription			
Glasses/Contacts/Hearing			
Special Nutritional Needs			
Any Physician Restrictions			
Other - Explain			
Up to Date Tetanus Shot			Must Provide Date:

G. STATEMENT OF MEDICAL CONDITIONS AND CONSENT

I hereby authorize my daughter _____ to participate in Our Lady of Mercy Crew activities, and authorize an adult member of the school and of Mercy Crew Inc. to obtain medical attention or hospitalization which a physician deems necessary for the well being of my child, in the event of an unexpected emergency.

_____

PARENT/GUARDIAN SIGNATURE DATE