



SUMMER ATHLETIC PARTICIPANT INFORMATION FORM

Once complete, please email to Pam Walder at pam.walder@usd340.org

Student Information:

Student Name: _____
Date of Birth: _____ Grade Entering (Fall): _____
Home Address: _____
City: _____ State: _____ Zip: _____ Out of District: ☐

Parent/Guardian Information:

Parent/Guardian #1: _____
Phone: _____ Email: _____

Parent/Guardian #2: _____
Phone: _____ Email: _____

Emergency Contact (Other Than Parent):

Name: _____ Relationship: _____
Phone: _____

Medical Information:

Allergies, medical conditions, or concerns:

Current Medications:

Authorization

I understand that this form is for participation in summer weights and activities. This form will be used as pre-enrollment information. Full online enrollment (taking place in July) and any required athletic eligibility forms must be completed before the start of the school year.

Parent/Guardian Signature: _____ Date: _____