

WARE COUNTY HIGH SCHOOL

Athlete Roster

Name: _____ DOB: _____

Sex: M F Grade: _____ Age: _____

Address: _____

Home Phone: _____

Parent/Legal Guardian: _____

Address (if different from above): _____

Home Phone (mother): _____ (father): _____

Work Phone (mother): _____ (father): _____

PERSON OTHER THAN PARENT/GUARDIAN TO CONTACT IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

FAMILY PHYSICIAN'S INFORMATION:

Physician's Name: _____

Address: _____

Office Phone: _____ Emergency Phone: _____

SPECIFIC MEDICATION, ALLERGIES, MEDICAL PROBLEMS OF THE ATHLETE:

