

REGISTRATION FORM



CONTACT INFORMATION

ATHLETE / STUDENT INFORMATION (CHECK ONE) MALE FEMALE

LAST NAME FIRST NAME MIDDLE NAME

BIRTHDAY				SCHOOL INFORMATION	
MONTH	DAY	YEAR	AGE	SCHOOL ATTENDING	CURRENT GRADE

MAILING ADDRESS

HOMES STREET ADDRESS CITY STATE ZIP CODE

() ATHLETE / STUDENT'S CELL () ATHLETE / STUDENT'S EMAIL ADDRESS

PRIMARY GAURDIAN INFORMATION (Will ne responsible for Billing and Payment)

LAST NAME FIRST NAME RELATION (CHECK ONE) MOTHER FATHER LEGAL GUARDIAN

() HOME TELEPHONE NUMBER () MOBILE NUMBER () EMAIL ADDRESS

EMERGENCY CONTACT OTHER THAN ABOVE

LAST NAME FIRST NAME PLEASE STATE RELATION ABOVE

() HOME TELEPHONE NUMBER () MOBILE NUMBER () EMAIL ADDRESS

MEDICAL RELEASE

Does your athlete require an inhaler? (If Yes please have athlete bring to every session)

Please state any medical conditions or concerns that MCSA or emergency personnel should be aware of:

Signing below will Iso authorize the Michigan Center for Sports and Academics, LLC., to seek emergency medical treatment for my son/daughter if I cannot be reached. This release does not include non-emergency nor elective surgery.

INFORMATION

How did you hear about MCSA? Word of Mouth Newspaper/Radio Internet Search Social Media Returning Athlete

Referred by: ()

Family Physician Name () Phone Number

Insurance Carrier Policy Number

Parent/Gaurdian Signature - Confirms all information provided is correct and approves of the medical release

Date