

GSMS Athletics Player Contact Form



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|---|------------------|---|---|
| Team Name (ex. Varsity Girls Soccer): | | | |
| STUDENT's First Name (Given): | | Preferred Name (Nickname): | Last Name (Surname): |
| School Year: | Grade (ex. 7A1): | Homeroom Teacher: | Date of Birth (example: July 16, 2008): |
| Any medical information to be informed about (ex. allergies)? (√): <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate below and how to assist: _____ _____ _____ | | | |
| Any additional information that should be known: _____ _____ | | | |
| Usual transportation to and from school (ex. walk): | | | |
| Permission for picture/video/name to used for social media (website, newspaper, yearbook, FB, Twitter, IG): (√): <input type="checkbox"/> YES <input type="checkbox"/> NO Provide any other details: | | | |
| PARENT / GUARDIAN: 1st Contact | | PARENT / GUARDIAN: 2nd Contact (if 1st cannot be reached) | |
| Relation to child: | | Relation to child: | |
| First Name (ex. Mark) | | First Name (ex. Mary) | |
| Last Name (ex. Graham) | | Last Name (ex. Graham) | |
| Home Phone: | | Home Phone: | |
| Cell Phone (ex. 506-123-4567): Texting: (√): <input type="checkbox"/> YES <input type="checkbox"/> NO | | Cell Phone: Texting: (√): <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Work Phone: | | Work Phone: | |
| Email: Use capital letters and clearly identify numbers/symbols | | Email: Use capital letters and clearly identify numbers/symbols. Do you want this email included as well in a contact list? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Emergency Contacts other than Parent / Guardian (if 1st and 2nd contacts cannot be reached) | | | |
| 3 rd Contact: Relation to player: | | 4 th Contact: Relation to player: | |
| First Name: | | First Name: | |
| Last Name: | | Last Name: | |
| Phone(s): | | Phone(s): | |