

SOUTH LEWIS SPORTS ELIGIBILITY CARD

NAME _____ SPORT _____
ADDRESS _____ GRADE _____
_____ PARENT E-MAIL _____
HOME PHONE# _____ BIRTHDATE _____
PARENT'S NAME _____ PARENTS WORK PHONE # _____
_____ (Dad) _____ (Mom)
PREFERRED DOCTOR'S NAME _____ PHONE# _____
INSURANCE CO. _____ INSURANCE # _____
EMERGENCY PHONE IF PARENT IS NOT AVAILABLE _____
CONTACT PERSON NAME _____ RELATIONSHIP _____
KNOWN ALLERGIES OR MEDICAL PROBLEMS _____

****PLEASE FILL WHITE CARD OUT IN INK!!****