

SLP ATHLETIC REGISTRATION FORM

2011-2012

Check:	#
Cash:	
Amount:	\$

Student/Athlete Information:

Student First Name: _____ Last Name: _____ Date: _____
Birth Date: _____ Current Grade: _____ Male: _____ Female: _____
Home Address: _____ City: _____ Zip: _____
Home Phone: _____ Home E-Mail: _____

Date of Last Physical Exam: _____ Copy Attached: _____ On File: _____

Sport Registering for: _____ \$ Fee: _____

Contact Information:

Student Cell Phone: _____ Student E-Mail: _____
Mother Name: _____ Cell #: _____ Work #: _____
Father Name: _____ Cell #: _____ Work #: _____

Emergency Information:

Non-Parent Contact: _____ Phone #: _____ Relation to athlete: _____

Transfer Student: Yes _____ No _____ Foreign Exchange Student: Yes _____ No _____

(Please complete additional forms available in the athletic office)

Parent or Guardian's Signature: _____ Date: _____

SLP Athletic Department
Andy Ewald - Athletic Director
6425 W. 33rd Street, St. Louis Park, MN 55426
Office: 952-928-6027 Fax: 952-928-6172