

Inza R. Wood Middle School

**Emergency Information**

**This MUST be filled out and returned to the athletic office before the first day of practice.**

**Please check sports you will be participating in this year (one per season)**

**Fall:**

\_\_\_\_\_ Cross Country

\_\_\_\_\_ Volleyball

**Winter:**

\_\_\_\_\_ Boy's Basketball

\_\_\_\_\_ Girl's Basketball

\_\_\_\_\_ Wrestling

**Spring:**

\_\_\_\_\_ Boys Track

\_\_\_\_\_ Girls Track

Student \_\_\_\_\_ Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_ Mother's Day Phone \_\_\_\_\_ Father's Day Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Emergency Contact (if parent can't be reached):

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone \_\_\_\_\_

Student's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Student's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Last Tetanus Immunization \_\_\_\_\_

