

**SCHOOL: Pictou Academy Student Athlete Form**

Sport Being Played:
Fee Paid:    Y        N

**STUDENT INFORMATION**

LEGAL NAME (as listed on birth certificate, passport or immigration papers)		
Last:	First:	Middle:
Preferred:		
Date of Birth: Month _____ Day _____ Year _____		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Grade:	
PSM # (Completed by Office):		
Civic Address (Street, Apt):	City/Town, Province & Postal Code:	
Mailing Address (Street, Apt)(if different from civic address):	Mailing Address - City/Town, Province & Postal Code:	
Home Phone:		

**PARENT / GUARDIAN INFORMATION**

PARENT/GUARDIAN	PARENT/GUARDIAN
Name (First/Last):	Name (First/Last):
Relationship:	Relationship:
Civic Address (if different from student):	
Civic Address (Street, Apt):	Civic Address (Street, Apt):
City/Town, Province & Postal Code:	City/Town, Province & Postal Code:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:

**EMERGENCY CONTACT(S) [Other than Parent(s)/Guardian(s)]**

Contact 1	Contact 2	Contact 3
Name (First/Last):	Name (First/Last):	Name (First/Last):
Relationship:	Relationship:	Relationship:
Home Phone:	Home Phone:	Home Phone:
Work Phone:	Work Phone:	Work Phone:
Cell Phone:	Cell Phone:	Cell Phone:

**MEDICAL INFORMATION**

Does your child have any potential, life-threatening medical conditions?  Yes  No

Does your child have any medical conditions that we need to know about while playing sports? Y N

If **YES** to either question, please specify:

Please specify any medications as well as medical response and instructions that may be necessary:

Provincial Health Card No.:	Doctor's Name:	Doctor's Phone:
-----------------------------	----------------	-----------------

If your child requires medical attention and a school official is unable to contact parent(s)/guardian(s), emergency contact(s) or family physician, I/we give consent to have a school official take my/our child to the nearest medical facility.

X \_\_\_\_\_  
Parent/Guardian Signature

I/we certify that all of the information on this registration form to be correct and that I have read and agree to the terms laid out in the Student Athlete Information Package.

X \_\_\_\_\_  
Parent/Guardian Signature

X \_\_\_\_\_  
Student Athlete Signature

X \_\_\_\_\_  
Date