

Parent/Guardian Information

Parent/Guardian Name: _____

First Name M Last Name

Address: _____

Street Apt # City State Zip Code

Parent Cell Phone #: _____

Parent Work Phone #: _____

Parent Email: _____

Emergency Contact Information

Name: _____

First Name M Last Name

Address: _____

Street Apt # City State Zip Code

Parent Cell Phone #: _____

Parent Work Phone #: _____

Parent Email: _____

Preferred mode of contact: Phone Cell Phone Email

Parent Agreement

I allow my student to participate in the athletic training program. I have read the Student Athletic Training Program Handbook and understand that my child must abide by it in order to participate. I also understand that this is a big time commitment that will include late nights, early mornings, weekends, and holidays.

Parent/Guardian Signature: _____ **Date:** _____