

Memorial High School Summer Training Program
Registration Form and Emergency Information

Registration:

Name _____ Age _____

Grade (Fall' 17) _____ School Attended Last Year _____

Physical on file _____ (if not @ S.B.I.S.D school you must give us a copy of last years physical)

Address _____

City _____ State _____ Zip _____

Home Phone _____

Parent/Guardian Name _____ Daytime Phone _____

MAKE CHECKS PAYABLE TO S.B.I.S.D.

I, the undersigned, being the individual, parent, or legally authorized guardian of _____, agree to hold Spring Branch Independent School District, its Board of Trustees, administration, and/or faculty, harmless from liability for any injuries which my child may receive while participating in any recreational activities or utilizing the Spring Branch Independent School District facilities. I herewith authorize the director, supervisor, and/or district employee to secure medical services for any family member if necessary, and I agree to pay either directly or through my own personal health and accident insurance policy, all medical or hospital costs.

Signature of parent or legal guardian

Date

Street address of parent or legal guardian City/State Zip Phone

A CURRENT PHYSICAL MUST BE ON FILE WITH SPRING BRANCH ISD ATHLETIC OFFICE OR MEMORIAL HIGH SCHOOL BEFORE ANY ATHLETE MAY PARTICIPATE.