

Westside High School Athletic Information

Instructions for packet completion:

1. This information should be current for the **SCHOOL YEAR** in which the athlete will be participating.
2. Return all completed forms to your **COACH** as soon as possible.
3. All physicals must be completed on the current **UIL Athletic Physical Form**.
4. **Fill out all pages on both sides and sign appropriately.**
5. **Please print legibly.**

STUDENT INFORMATION

Student's Name: _____
(last name) (first name) (middle initial)

Sex: M F Age: _____ Birthday: ____/____/____ Social Security #: ____/____/____ Grade: _____

Home Address: _____ Phone: _____ --- _____
(home) (cell)

PARENT / GUARDIAN INFORMATION

Father's Name: _____
(last name) (first name) (middle initial)

Employer: _____ Business Phone: (____) ____ - ____ ext. ____ Cell: (____) ____ - ____

Mother's Name: _____
(last name) (first name) (middle initial)

Employer: _____ Business Phone: (____) ____ - ____ ext. ____ Cell: (____) ____ - ____

INSURANCE INFORMATION

Please list any Health Insurance by which the student is covered: (REQUIRED INFORMATION)
Student must have insurance to participate in any UIL Sport.

Please list your Primary Insurance and phone number below.

*Primary Insurance Company: _____ *Policy Holder: _____

*Primary Insurance Phone #: _____

Please check appropriate box:

School Insurance: \$35 for 1 calendar school year – 2013-2014 (Must be paid before participating in sport)

HISD Waiver: Check this box if only using private insurance (Waiver must be filled out and returned to school)

* **Parent Signature:** _____ **Date:** _____

Fill out *front and back* of all pages in packet

Thank you