

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: <i>(REQUIRED INFORMATION)</i>	
Student must have insurance to participate in any UIL Sport.	
<u>Please list your Primary Insurance and phone number below.</u>	
*Primary Insurance Company: _____	*Policy Holder: _____
*Primary Insurance Phone #: _____	
<u>Please check appropriate box:</u>	
School Insurance: <input type="checkbox"/>	\$35 for 1 calendar school year – 2019-2020 (Must be paid before participating in sport)
HISD Waiver: <input type="checkbox"/>	Check this box if <u>only</u> 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