

# 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 *most current UIL Athletic Physical Form*. No photocopies.
4. **Fill out all pages on both sides and sign appropriately.**
5. **Please print legibly.**

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### STUDENT INFORMATION

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

Sex: M F Age: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security#: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_

Home Address & zip code: \_\_\_\_\_ Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

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### 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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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### 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's Name: \_\_\_\_\_  
\*Primary Insurance Phone #: \_\_\_\_\_

### **Please check appropriate box:**

School Insurance:  \$35 for one calendar school year: \_\_\_\_\_ (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)

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fill out front and back of all pages in packet

Thank you