

**Whitesboro Central School  
Athletic Department**

Name: \_\_\_\_\_ Grade \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_  
Cell # \_\_\_\_\_ Emergency #: \_\_\_\_\_  
Parents Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Family Doctor \_\_\_\_\_  
Who To Call in an Emergency \_\_\_\_\_  
Any Allergies \_\_\_\_\_  
Any Existing Med. Conditions: \_\_\_\_\_