

www.ridgeyouthsports.com

PLAYER INFORMATION

Participating in: *(check all that apply)* Cheer Flag Football Tackle Football Lacrosse Basketball Softball

Player's Last Name _____ First Name _____

Date of Birth / / _____ High School Graduation Year _____ Home Phone _____

Allergies (Yes or No, if Yes, please identify) _____

Address _____ Email: _____

State _____ Zip _____

Insurance Carrier _____ Policy # _____

EMERGENCY CONTACT INFORMATION

Parent #1 Name _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Parent #2 Name _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact Name (other than parent) _____ Relationship to Child _____

Home Phone: _____ Cell Phone: _____

TO BE FILLED OUT BY PHYSICIAN

Physical must be within 365 days of the start of practice.

Date of Examination _____ Height _____ Weight _____ Blood Pressure _____

Vision R 20/ _____ L 20/ _____ Contacts YES NO _____ Glasses YES NO _____

Medical History, Allergies, Respiratory Problems, etc. Please inform us of any medication taken regularly or any physical/medical problems that we should be aware of.

Other Physician Remarks *(use back of form if needed)*

I CERTIFY THAT THIS CHILD MAY PLAY: FULL-CONTACT SPORTS NON-CONTACT SPORTS

Physician's Signature _____ Date _____

Physician's Name _____ Phone () _____

Registered child WILL NOT BE ABLE TO PARTICIPATE in this Program until this Physician's Report is completed and returned to Ridge Youth Sports, Inc. at 65 South Maple Ave • 2nd Floor • Basking Ridge, NJ 07920