

# ROSEHILL CHRISTIAN SCHOOL SPORTS TRIP FORM

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Dad's work telephone: \_\_\_\_\_ Dad's Cell Phone: \_\_\_\_\_

Mom's work telephone: \_\_\_\_\_ Mom's Cell Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Emergency contact telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Medication taken on a regular basis: \_\_\_\_\_

Statement of health condition: \_\_\_\_\_

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Check any activity in which this student is allowed to participate:

- |                                     |  |                                       |                                 |
|-------------------------------------|--|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Football   | <input type="checkbox"/> Volleyball    | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Baseball      | <input type="checkbox"/> Softball     | <input type="checkbox"/> Golf   |
| <input type="checkbox"/> Tennis     | <input type="checkbox"/> Track & Field |                                       |                                 |

I give permission for \_\_\_\_\_ to travel to sporting events for Rosehill

Christian School during the 2008-2009 year.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

