



Club Sport Membership

Name: \_\_\_\_\_

club: \_\_\_\_\_

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

\_\_\_\_\_

Phone (s) : \_\_\_\_\_

email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Year in School: \_\_\_\_\_

Emergency contact information

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone (s) : \_\_\_\_\_

Proof of insurance

Company name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\*Each sport club member must have a doctor signed physical and waiver on file to participate.

Signature: \_\_\_\_\_ date: \_\_\_\_\_

Office Use Only:

Physical: \_\_\_\_\_ Waiver: \_\_\_\_\_ Date Received: \_\_\_\_\_ Approved: \_\_\_\_\_