



**Student athletes are not allowed to compete until all the necessary information is collected and/or completed and verified by the coach and AD.**

**Student Athlete Name** \_\_\_\_\_

**Sports** \_\_\_\_\_

**Expiration date of physical** \_\_\_\_\_

**Date of IMPACT test** \_\_\_\_\_

**Date of emergency contact form** \_\_\_\_\_

**Medical conditions** \_\_\_\_\_

**Date of PlantHD (HS only)** \_\_\_\_\_

**Student Athlete Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Coaches Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**AD Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*\*\*coaches should retain a copy of the emergency contact form and coaches contract.**

