

2017-18 Edina High School Athletics & Activities Registration Form

Last Name: _____ First Name: _____ MI: _____

Grade: _____ School: _____ Date of Birth: _____

Student ID Number: _____ Student Email Address: _____

Name of Activity: _____

Parent/Guardian 1

Name: _____

Address: _____

Phone Number 1: C/W/H _____ Phone Number 2: C/W/H _____

Email Address: _____

Parent/Guardian 2

Name: _____

Address: _____

Phone Number 1: C/W/H _____ Phone Number 2: C/W/H _____

Email Address: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Athletics Registration Only

Athletic Insurance Waiver and Information

We have insurance and recognize that the School District #273 and Edina High School have no liability for injuries resulting from participation in the athletic program that the school does not carry insurance to cover expenses incurred through injuries in this program. We the undersigned thereby release the School District and Edina High School from any claims and demands in connection with athletic injuries suffered by the student.

Health Insurance Company: _____

Policy Number: _____ Hospital in Case of Emergency: _____

Medications: _____

Known Allergies: _____

New Students to Edina Public Schools, Complete the Following

School Last Attended: _____ City: _____ State: _____

Exchange Student: Yes ___ No ___ Organization: _____

Open Enrollment: Yes ___ No ___ *All transfer students must meet with activities director before registering for a sport.*