



**West Allis-West Milwaukee School District
INTERMEDIATE SCHOOL
ATHLETIC PARTICIPATION EMERGENCY FORM**

Date: _____ School: _____ Sport(s): _____

Student Last Name _____ First Name _____ MI _____

Address _____ City _____ Zip _____

Home Phone _____ Current Grade _____ Birth Date _____

Parent/Guardian information

Name _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

Name _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

Emergency Contact Information: The following emergency contacts may be contacted in the event that the parents/guardians listed above cannot be reached:

Name _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

Name _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

Print Parent Name

Parent Signature

Date