



REDEEMER

CLASSICAL CHRISTIAN SCHOOL

Athlete's Parent Information Form

Name of Athlete: _____

Athlete's Grade: _____

Mother's Name: _____

Home # _____

Cell # _____

Email: _____

Father's Name: _____

Home # _____

Cell # _____

Email: _____

Is either parent available to drive team players to away games? _____

If yes, please attach a copy of each person's driver's license and auto insurance.

EMERGENCY CONTACT NUMBER: _____

PLEASE ATTACH A COPY OF BOTH SIDES OF YOUR ATHLETE'S MEDICAL INSURANCE CARD