

Student Information Sheet

DVHS Physical Education

Name: _____ Age: _____

Address: _____

Phone: _____ Cell: _____

Parent Email: _____

Parents / Guardians: _____
 (Please put last name if different)

Father's / Guardian's work: _____ Phone: _____

Mother's / Guardian's work: _____ Phone: _____

Best time to contact you: _____

Contract Agreement

I have read, discussed and will support the expectations and rules set forth by this syllabus with my child. I will support the PE guidelines and procedures set forth above. Please sign and return this form to your teacher.

Parent / Guardian: _____

Student Signature: _____

Waiver

In case of an emergency, whom should we contact? _____
 Phone: _____

Medical Release: I have legal custody or control of my child and grant permission for any emergency treatment and services that may be rendered to said minor under the general or specific direction of Dr. _____ Phone# _____
 Or any hospital emergency department physician

PE DEPARTMENT INFORMATION

List of DV sports participated during year:	Online Password	Locker Information
1. _____ 2. _____ 3. _____	_____	Combo _____ Locker # _____ Serial # _____