

Application for Student Athlete Treatment

High School

Name: _____

Sex: MF

Date of Birth: ___/___/___

Grade: ___ City of residence: _____

Home Address: _____

Zip: _____

Home Phone (pt): _____

Cell Phone: _____

Father's Name: _____

Occupation: _____

Mother's Name: _____

Occupation: _____

Yes: _____

Why is it difficult to recognize an athlete? _____

Teacher: _____

Home Address: _____

Understand the Athlete Treatment
and the Athlete's Role
in the Athlete's Treatment
and the Athlete's Role in the Athlete's Treatment

Effect of the Athlete's Treatment
on the Athlete's Role in the Athlete's Treatment
and the Athlete's Role in the Athlete's Treatment

Applicant's Signature: _____

Date: _____