NORTH ANDOVER HIGH SCHOOL
ATHLETIC DEPARTMENT
2009 – 2010 STUDENT INFORMATION SHEET

Student Name: _____ Grade:_____

Date of Birth: _____ Male: _____ Female: _____

Sport(s): _____ _____ _____
Fall Winter Spring

PARENT/GUARDIAN INFORMATION:

Name_____

Address: _____

Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone:_____

MAKE CHECKS PAYABLE TO: ***N A H S ATHLETICS***

Note: Payment of Athletic User Fee does not guarantee playing time at the Varsity level. At the JV and Freshman levels, the Athletic Department will make every effort to encourage coaches to play all of their members.

Payment is required prior to the ***first try-out*** of the season. Payment will be refunded if the student/athlete does not make a team or decides not to participate prior to the first contest. It is the responsibility of the parent or student-athlete to request a refund from the Athletic Department. Payment **will not be refunded** after the first game.

We would not want a family's current financial situation to be a reason for not participating. If you feel the need for assistance in paying for this opportunity, financial aid information is available by calling the Office of the Athletic Director at 978-794-3144.

OVER - PLEASE READ AND SIGN REVERSE

FOR OFFICE USE ONLY

Release Form Signed: _____ Student Information Complete: _____

Physical Date: _____

USER FEE: Amount Paid: _____ Date Paid: _____ Check #_____ Cash _____

WAIVER REQUEST: Date Received _____ Approved _____ By _____