YOLO MIDDLE SCHOOL

901 HOYER RD.
NEWMAN, CA. 95360
PRINCIPAL: Ms. Luna OFFICE: 862-2984 ATHLETIC DIRECTOR: Kasey Cooper
FAX: 862-3734

Yolo Middle School Athletic Information Sheet

Athletes will not be allowed to tryout, practice or play on a Yolo athletic team until the Athletic Director is in possession of the completed form.

Student's Name_____ Grade____
First Middle Last

Street Address_____ City/Zip_____

Emergency Phone # Home_____ Work_____ Other Relative/Contact_____

PHYSICAL REQUIREMENT

_____ _____ _____
Date Physician's Signature State License

Weight_____ Right eye 20/ ____ Left eye 20/ ____ UA _____

BP___/___ ENT_____ ABO_____ Chest_____

Hernias_____ Other_____

INSURANCE REQUIREMENT

I have and will maintain health and/or accident insurance for my son or daughter which meets the requirements of the California Law. I will promptly notify the school in the event insurance coverage changes. **(Athletes without insurance will need to purchase insurance through a private insurance company or through the Newman Family Resource Center, located on the Von Renner campus. This must be done prior to an athlete trying out for a sport. Without insurance, the student athlete will not be able to tryout or participate in the sport.)**

_____ _____
Insurance Company Name Policy or Group Number

_____ _____
Signature of Parent or Guardian Date