



# ATHLETICS FORM

We are so excited that you are interested in AHCS athletics! Please complete this form and turn it into the AHCS front office.

Date:

## ATHLETE INFORMATION

Full Name :

Goes By:

Email :

Birthday:

 /  / 

Gender:

Male

Female

Address:

Phone

Number:

Grade:

as of 2023-2024 school year

## PARENT / LEGAL GUARDIAN INFORMATION

Full Name :

Phone

Number:

Relationship  
to Athlete:

Address:

Drivers  
License #:

Insurance:

Full Name :

Phone

Number:

Relationship  
to Athlete:

Address:

Drivers  
License #:

Insurance:

Person responsible if fees may occur:

## EMERGENCY CONTACT

In case of an emergency in which the parents cannot be reached or cannot pickup the athlete, the following persons are authorized to do so (*two required*).

**Emergency Facility:** Driscoll Hospital | 3533 Alameda | Corpus Christi 78411 | 361-694-5000

**Full Name :**  **Phone Number:**

**Relationship to Athlete:**

**Address:**

**Full Name :**  **Phone Number:**

**Relationship to Athlete:**

**Address:**

**May Not Pick Up Athlete:**

## MEDICAL INFORMATION

Please list any special medical information that may affect your child:

**Allergies:**

**Medications for long-term use:**

**Major medical procedures / Injury / illness:**

**History of major illness or injury:**

### Authorization of medication:

Advil (ibuprofen)  Tylenol  Cough Drop  Benadryl  Anti-Itch Cream

Other

- During specific events and activities, pictures or video may be taken of the athlete. I approve the release of my child's photo by AHCS for the purpose of: Newspaper, Brochures, Television, Social Media, and Website
- In the event of an emergency when medical attention is required, I give my permission to the staff or sponsor of AHCS to obtain the services of a licensed physician for any necessary treatment for my child.
- I acknowledge that my child's physical is current and on file with AHCS Athletic Office at: 9550 Leopard St. Corpus Christi, Texas 78410, Phone (361) 241-4460.
- I have read and agree to the athletic handbook in its entirety.

**I agree  
(parent /  
guardian  
signature):**

**Church  
Affiliation:**

If you do not have a church home, are you looking for a church home?  
If YES, we encourage you to worship with us at Abundant Life Fellowship.

### **COMPLETION CHECKLIST**

- Physical Form (any physical form)
- Athletic Fee (\$300 per child per sport)
- Athletic Form (this form)

**LOVE GOD - WIN SOULS - MAKE DISCIPLES**

