

J. C. Booth Middle School
Warriors Basketball

PLAYER INFORMATION SHEET

Name: _____ Age: _____ Grade: _____

Address: _____

Home Phone: _____ Birthdate: _____

Parent(s) Name (s): _____

Father's work phone: _____ Mother's work phone: _____

Insurance coverage: Company: _____
Policy #: _____
School Insurance (Y or N): _____

Person to be contacted in an Emergency, if parents cannot be reached:
Name: _____ Phone: _____

I give permission to the J. C. Booth Middle School coaching staff to seek medical attention for (student's full name):

Peachtree City EMS will be called. This student will be transported to Fayette/Piedmont Hospital unless you provide additional information stating your personal preference.

Special Instructions:

This release constitutes permission for my son to try-out for the 8th grade Boys Basketball team at J. C. Booth Middle School.

Parent Signature: _____ Date: _____

"Aim for Goals Higher Than Ten Feet"