

Boy ___ Girl ___

2018 BDJMS Boys and Girls Soccer Registration



*This registration must be returned in order to
join the Soccer Program.*

Regular practices will begin Monday, Sept. 24th.
Practice days will be Monday, Wednesday and
Thursday. A late bus will leave @3:45.

NAME: _____ GRADE: _____

EMERGENCY CONTACT PHONE:

1st Choice _____
(NAME) (PHONE)

2nd Choice _____
(NAME) (PHONE)

MEDICAL / ALLERGY ISSUES

Please Indicate Health Issues

Yes	No	Diabetes
Yes	No	Seizures
Yes	No	Asthma (carries own inhaler Yes No)
Yes	No	Allergies (please list) _____

Other Health Concerns: _____

Current Medications: _____

The school nurse leaves the building at 2:10 pm.

In the event of a serious medical emergency or accident, school personnel will notify 911 and emergency contact numbers. Your child may be transported to an emergency facility. Appropriate school personnel will be informed of health issues.

Signature of parent/guardian: _____ Date: _____