

2011-2012

## Swainsboro Middle School

Athletic Department  
200 Tiger Trail  
Swainsboro, GA 30401  
478-237-8047



### Player Information Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

#### Parent/Guardian Names:

Mother \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Father \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Guardian \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

#### In case of emergency please contact:

Primary \_\_\_\_\_ Phone # \_\_\_\_\_

Secondary \_\_\_\_\_ Phone # \_\_\_\_\_

#### Medical Release

Name of Family Doctor: \_\_\_\_\_

In case of emergency, the school reserves the right to send my son/daughter to an available doctor. I understand that the school, school officials, or coaches will not be held liable in the case of an accident or injury involving my son/daughter.

Please list any medical conditions that the doctor or coaches would need to know about below:

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date