



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 2022-2023 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

