



NEW ATHLETE APPLICATION



NAME: _____
First Last Middle Initial

ADDRESS: _____
Street Apt No. City/State Zip

AGE: _____ DATE OF BIRTH: _____ CHECK ONE: Male _____ Female _____

WHAT SCHOOL OR PROGRAM DO YOU ATTEND: _____

PARENT(S)/GUARDIAN(S): _____

HOME PHONE: _____ MOBILE PHONE: _____

FAMILY OR STAFF EMAIL(S): _____

EMERGENCY CONTACT NAME (other than a parent/guardian): _____

PHONE: _____ RELATIONSHIP TO YOU: _____

HOBBIES, PERSONAL INTERESTS, RECREATIONAL ACTIVITIES THAT YOU HAVE ENJOYED IN THE PAST:

PROGRAM(S) YOU MIGHT BE INTERESTED IN (Please check all that apply):

- Track Basketball Soccer Swimming Yoga Zumba
- Ice Skating Tennis Baseball Golf Theatre Socials

DISABILITY/MEDICAL DIAGNOSIS: _____

PRIMARY CARE PHYSICIAN: _____

KNOW ALLERGIES: _____

DOES PARTICIPANT HAVE SEIZURES: YES _____ NO _____

IF YES, HOW OFTEN: _____ TYPE: _____

Medications

List all medications participant is taking below:

Please note: Data provided on this form is for information purposes only. In the event of an emergency this form will be given to medical personnel. Newton Parks & Recreation Department is not authorized to administer any medications.

Medication	Time	Dosage

Signature of parent/guardian _____ Date _____

PLEASE COMPLETE FORM AND MAIL TO
Athletes Unlimited
Newton Parks and Recreation Department
246 Dudley Road, Newton, MA 02459
or email to kpeirce@newtonma.gov