



2020 Sports Conditioning

Submit this completed registration form to mchodorow@shcstx.org by Friday, October 2nd, 2020. **This conditioning will be a \$100 fee and \$75 for additional child and to be paid through FACTS.** Conditioning will begin October 5th at 3:15p.m. and end the week of November 16th.

Parent Signature

Date

First Name: _____ **Last Name:** _____

D.O.B: _____ **Gender:** _____ **Male** _____ **Female**

Street Address: _____

City: _____ **Zip Code:** _____

Telephone Numbers: (Home) _____ **(Cell)** _____

E-mail address: _____

Previous Sports Experience: _____

Medical Insurance & Health Information

Insurance Company: _____

Telephone Number: _____ **Policy Number:** _____

Allergies? No Yes (explain): _____

Medical concerns or other needs? No Yes (explain): _____

Emergency Contact Information

People that can be reached during conditioning:

Name: _____ **Relationship:** _____

Telephone Numbers: (Home) _____ **Cell:** _____

Name: _____ **Relationship:** _____

Telephone Numbers: (Home) _____ **Cell:** _____