Tok School 2016-17 Athletic/Activity Participation

ast Name	First Name		Middle Name	M/F Grade	Birth Date	
Employed Property Property		11111	•			
PORT OR ACTIVITY Ema new form is required for each sport/activ	i il address where yo vity)u woula like	to receive sports			
No.			Zip Code			
ddress	City, State	City, State		Home	Home Phone	
Parent/Guardian Name	Work Phone	le #	Emergency Conta	ct #		
arent/Guardian Name	Work Phone	le#	Emergency Conta	ct #		
MS/HS Sport Athletic/Activity Participation			Activity Participati	ckey on		
MS/HS Sport			Но	ckey		
thletic/Activity Participation hysical Exam form			Athletic/Activity Participation Physical Exam form			
activities Contract			Conduct			
lay For Keeps		Consent	to Treat			
ctivity Consent and Emergency N		**************************************	Keeps *Grade 6 an			
Perification of Receipt of Concussion Info.		Activities Contract *Grade 6 and up USA Hockey Membership Verification (attach receipt)				
		I USA HOL	key Membership v			
	19 A	usahock	ey.com (click on play			
Please note that a CURRENT Phy the date that the physical was ta the season. An activity fee is required for eac K-8 activity fee is \$30. Checks sh	aken and for the se	usahock or all sports. eason of the s	Physicals are only g sport. Physicals mu participate in. High	good for one ust be valid u	(1) year fror ntil the end	
the date that the physical was to the season. An activity fee is required for each	aken and for the se ch sport your child nould be made pay	usahock or all sports. eason of the s d intends to p yable to Tok S	Physicals are only g sport. Physicals mu participate in. High School.	good for one ust be valid ui school activit	(1) year fron ntil the end ty fee is \$50	
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of Concussion Info.

Emergency Info.

Membership