

Citadel Christian School – Athletic Department

Athlete & Family Information

This form is designed to collect detailed information about student athletes participating in athletics. It ensures that the school office, coaches, and medical staff have the necessary data for safety, eligibility, and effective communication. Please fill out all sections accurately.

Section 1: Personal Information

- Full Name: _____
- Date of Birth (MM/DD/YYYY): _____
- Age: _____
- Gender: _____
- Grade Level: _____
 - Circle one: CCS Student Homeschool
- Home Address: _____
- City: _____
- State: _____
- ZIP/Postal Code: _____
- Phone Number: _____
- Email Address: _____

Section 2: Emergency Contact Information

- Primary Emergency Contact Name: _____
- Relationship to Athlete: _____
- Phone Number: _____
- Email Address: _____
- Secondary Emergency Contact Name: _____
- Relationship to Athlete: _____
- Phone Number: _____
- Email Address: _____
- Name of any other person(s) allowed to pickup student from practice/games:

Section 3: Health and Medical Information

- Physician's Name: _____
- Physician's Contact Information: _____
- Health Insurance Provider: _____
- Policy Number: _____
- Current Medications: _____
- Known Allergies: _____
- Chronic Conditions (e.g., asthma, diabetes): _____
- History of Injuries (dates and details): _____
- Date of Last Physical Exam: _____
- Permission for Emergency Medical Treatment: Yes / No
- Any Activity Restrictions: _____

Section 4: Waivers and Acknowledgements

- Parental/Guardian Consent:
- I, the undersigned, give permission for my child to participate in all school-sponsored athletic programs, events, and travel for the current academic year.
- Parent/Guardian Name (print): _____
- Signature: _____ Date: _____
- Athlete Agreement:
- I, the undersigned student athlete, agree to abide by the school's code of conduct, sportsmanship, and academic eligibility requirements. I understand the risks associated with athletic participation and will notify staff of any changes to my health.
- Athlete Name (print): _____
- Signature: _____ Date: _____
- Photo/Media Release:
- I grant permission for my child's image and name to be used in school publications, websites, and media coverage relating to athletic events.
- Parent/Guardian Initials: _____
- Equipment Responsibility:
- I acknowledge all athletic equipment is the property of CCS and accept responsibility for its care and timely return. I will pay a fee of \$100 for all unreturned items and uniforms.
- Parent Initials: _____
- Athlete Initials: _____

Section 5: Sport Participation & Uniforms

- Fall Sport Interest: _____
- Winter Sport Interest: _____
- Spring Sport Interest: _____
- Experience Level (years): _____
- Previous Teams/Clubs: _____
- Notable Achievements/Statistics: _____
- T-shirt Size: _____
- Shorts Size: _____

Grade	Fall	Winter	Spring
4-6th	Pep Squad Flag Football Volleyball	Pep Squad Basketball	Pep Squad Soccer
7-8th	Pep Squad Volleyball Cross Country	Pep Squad Basketball	Pep Squad Track Soccer
9-12th	Pep Squad Volleyball Cross Country	Pep Squad Basketball	Pep Squad Track Soccer

Privacy and Confidentiality Statement

All information collected in this form is confidential and will be used solely for the purposes of managing the school's athletic program, ensuring the safety of athletes, and complying with school and league policies. Records will be stored securely and accessed only by authorized personnel.

Reminders

- Participation in athletics requires regular academic checks and a medical exam each year.
- Make sure to notify the athletics department if there are changes in health status, contact information, or other relevant details.
- Failure to complete or update this information may result in loss of eligibility to participate in school athletics.

This Athlete School Information Form serves as a comprehensive record for students wishing to take part in athletic programs. It ensures that students, coaches, and families are prepared for a safe, healthy, and rewarding sports experience.