

Kennedy School Activity Registration and Health Questionnaire

ACTIVITY: _____

STUDENT NAME: _____

GRADE: _____ AGE: _____ HOME PHONE: _____

ADDRESS: _____

PARENT'S NAME: _____

WORK PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

IF PARENTS CANNOT BE CONTACTED CALL:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

FAMILY DOCTOR: _____ PHONE: _____ ALLERGIES: _____

CONTACT LENS YES: _____ NO: _____ DATE OF LAST TETNUS: _____ WT. _____

MEDICATION NOW TAKING: _____

INSURANCE: (Company & No.) _____

HEALTH CONCERNS: _____

INSURANCE WAIVER

The school policy on interscholastic athletics is that participants should be covered by some form of accident insurance. Athletic insurance is available through the school system, written by the Student Assurance Services, Inc. at a cost to the students as follows:

Insurance for all junior high activities

- Yes, I want my son/daughter to take out Student Accident Insurance.
(Make check payable to **STUDENT ASSURANCE SERVICES.**)
- We have private insurance and do not wish to take out the Student Accident program.

Parent Signature

**PLEASE
CIRCLE**

- | | |
|--|--------|
| 1. Has the student been hospitalized since the above physical examination? | YES NO |
| 2. Has the student had major injury since the above physical examination? | YES NO |
| 3. Has the student been knocked unconscious, had a concussion, or had a head injury at any time within the past 12 months. | YES NO |
| 4. Has the student fainted, blacked out, experienced dizziness or chest pain while exercising in the past year? | YES NO |

FEE ACTIVITY/REFUND STATEMENT - OFFICE USE ONLY

FEE _____

CHECK # _____

PHYSICAL EXAM _____

ALL FORMS ON FILE _____

FEE REFUNDS FOR ACTIVITIES:
WEEK 1 - FULL REFUND
WEEK 2 - 1/2 REFUND
AFTER 2ND WEEK NO REFUND
UNLESS DUE TO INJURY/ILLNESS.

FEES

\$80	Full Price
\$40	Reduced Price
\$20	Qualifies for Free Lunch Program