

HALF HOLLOW HILLS CENTRAL SCHOOL DISTRICT ATHLETIC DEPARTMENT – EMERGENCY CARD

Name _____ Male or Female _____ Grade _____ School _____
Last name, First name (circle one) (as of sports season)

Address _____ Date of Birth _____ Age _____
(street) (town) (zip code)

Father _____ Phone h. _____ c. _____ w. _____

Mother _____ Phone h. _____ c. _____ w. _____

E-Mail: Mother _____ Father _____ Student _____

Emergency Contacts (other than parent)

Name _____ Relationship _____

Address _____ Phone h. _____ c. _____

List Allergies _____

****Medical Concerns** _____

Advanced Placement Process: JV Varsity
 Athletic Director _____

Sport _____ Exam Date _____

Nurse _____
(signature)

Debra A. Ferry, Director of Athletics (631) 592-3065 – dferry@hhh.k12.ny.us

Name _____ Locker Number _____

Coach _____ Sport _____ Date of Issue _____

| Item Issued | Number | Return Date | Item Issued | Number | Return Date |
|----------------------|--------|-------------|------------------|--------|-------------|
| Game Jersey - Color | | | Sweat Shirt | | |
| Game Jersey – White | | | Sweat Pant | | |
| Game Pant – Color | | | Warm-up Jacket | | |
| Game Pant – White | | | Warm-up Pant | | |
| Sock/Stirrup – Color | | | Knee Pads | | |
| Sock/Stirrup – White | | | Helmet | | |
| Practice Pant | | | Shoulder Pads | | |
| Practice Shirt | | | Girdle | | |
| Singlet | | | Goalie Equipment | | |

I agree to replace all items lost, misplaced, or destroyed while issued to me.

Signature of Student _____