

# Excell Academy Athletics Registration Form

(5th-8th Grade)

## Student-Athlete Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Sport: \_\_\_\_\_ Have you participated in sports before? \_\_\_\_\_  
If yes, what? \_\_\_\_\_ Where? \_\_\_\_\_  
How many years? \_\_\_\_\_ Student Cell Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

## Parent Information

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
Cell: \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Work: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_  
In case of an emergency, contact: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Cell: \_\_\_\_-\_\_\_\_-\_\_\_\_ Authorized to pick up? \_\_\_\_\_  
\_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Cell: \_\_\_\_-\_\_\_\_-\_\_\_\_ Authorized to pick up? \_\_\_\_\_

## Medical Information

Does your student-athlete have any allergies or medical conditions? If so, please explain:  
\_\_\_\_\_  
Does your student-athlete have a current condition that may limit their ability to participate? Please explain: \_\_\_\_\_  
Does your student have a valid physical on file? \_\_\_\_\_

**\*\*Students are required to have a recent physical on file in order to participate in a sport.\*\***

## Registration Fee: **\$75**

***\$50 is non-refundable and \$25 will be refunded at the end of the season upon the athletic department receiving all pieces of the uniform.***

### --Office Use Only--

Fee Paid: \_\_\_\_\_ Balance Due: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Method of payment: \_\_\_check \_\_\_cash \_\_\_credit/debit Physical:

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