



LONGFELLOW MIDDLE SCHOOL

Sport: _____

Contact, Acknowledgement and Fee Form

Student Name: _____ Grade: _____

Address w/zip _____

Parent(s) First Name(s) _____

Last Name(s) _____

Home phone # _____

Mother's Cell # _____

Father's Cell # _____

Emergency contact name _____

Emergency phone # _____

Special medical needs or conditions _____

Type of medication _____

My son/daughter and I have read the Longfellow Student Athlete Handbook and familiarized ourselves with the policies and procedures therein. I agree that my son/daughter is to abide by the handbook and will be financially responsible for all equipment issued to him/her, which is lost, stolen or damaged.

Date: _____

Student Signature: _____

Parent/Guardian Signature: _____

For Office Use Only: Fee Paid: Check #: _____ Cash: _____ 1st Sport _____ Additional Sport _____
_____ Documentation Complete _____ Missing Documentation