

NHS Raiders Track – Student /Parent Information

CHECK ONE – BOYS TRACK: _____ GIRLS TRACK _____

Athlete Name: _____

Grade: _____ DOB: _____ Student phone #: _____

Student Email: _____

Jobs, commitments or other activity you are involved in: _____

Medication/Medical issues pertinent to track: _____

Parent/Guardian Name(s): _____

Phone 1: _____ Phone 2: _____

Best contact email address: _____

Emergency Contact: Please list the name and number of an alternative contact in the event you can't be reached. *This person should be able to bring your student home from an away meet as well.

Name: _____ Number: _____

Name: _____ Number: _____

*We are in need of parent volunteers throughout the season for our fund raisers and track meets. Volunteers help with home track meet set ups, monitoring track events, managing concession stands, grilling, assisting with break downs after meets, and our end of year banquet.

If you have the TIME, TALENT, or TREASURE to help your student athlete and support our coaching staff please let us know! We use Sign UP Genius for most of our events.

Name: _____ Contact information: _____

I am interested in helping with: _____