

# Wolverine Strength and Conditioning Form

Information in **red** is required

**Child's Name** \_\_\_\_\_ **Gender M or F** **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age** \_\_\_\_  
**Grade** \_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_  
**Phone #** \_\_\_\_\_

**Father** \_\_\_\_\_ **Work Phone #** \_\_\_\_  
**Additional Phone #** \_\_\_\_\_

**Mother** \_\_\_\_\_ **Work Phone #** \_\_\_\_  
**Additional Phone #** \_\_\_\_\_

**In case of emergency and parents cannot be reached, contact:**

**Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Others Authorized to Pick Up Child** (Released to those listed w/ D.L.# or picture ID ONLY)

**Name** \_\_\_\_\_ **Phone#** \_\_\_\_  
**Name** \_\_\_\_\_ **Phone#** \_\_\_\_

Please list any pertinent information regarding your child's health (physical or psychological)

---

---

---

Does your child have any medical conditions that need to be brought to our attention? \_\_\_\_\_

---

Is your child taking any medication(s)? If so, what? \_\_\_\_\_  
For what purpose? \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

\*Make checks payable to **Westview Foundation**. Registration Forms should be turned into Coach Felton's office (A14) no later than Nov. 30<sup>th</sup> 2009.