

**2009-2010 CRETIN-DERHAM HALL  
C0-CURRICULAR EMERGENCY INFORMATION**

(This form needs to be filled out for each activity and turned in at the beginning of each season, you may want to make copies)

**Circle the team(s) you plan to be a part of. List any not included on the list here:** \_\_\_\_\_

- |                           |                       |                            |                   |
|---------------------------|-----------------------|----------------------------|-------------------|
| Band                      | Friendship Club       | Literary Magazine          | Nordic Ski Club   |
| Campus Ministry           | GSA or GLOBE          | Math Team                  | Respect Life Team |
| Chess Team                | Improv                | Minnesota Business Venture | Science Olympics  |
| Choral Music              | Intramural Badminton  | Mock Trial                 | Sowers of Justice |
| CHOICE                    | Intramural Basketball | National Honor Society     | Speech Team       |
| Drama/Theater productions | Investment Club       | Newspaper                  | Student Council   |
| Ecology/Animal Club       | JROTC activities      | Political Affairs Club     | Ultimate Frisbee  |
| French Club               | Lasallian Youth       | P.R.I.D.E.                 | Yearbook          |

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

CONTACT NAME OTHER THAN PARENT/GUARDIAN: \_\_\_\_\_ (Relationship) \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREFERRED HOSPITAL: \_\_\_\_\_

MEDICATION/ALLERGIES: \_\_\_\_\_

PREVIOUS INJURIES: \_\_\_\_\_

OTHER CONDITIONS OF NOTE: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_

MEMBER NUMBER: \_\_\_\_\_

**Please read the 2009-2010 CDH and MSHSL Policies, check and sign below.**

\_\_\_\_\_ **I have read, understand and will abide by the 2009-2010 CDH Chemical Policy.**

\_\_\_\_\_ **I have read, understand and will abide by the 2009-2010 MSHSL Fine Arts Eligibility Policy (Band, Chorus and Speech Only).**

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

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**