

2025-2026 Middle School South Basketball

Emergency Contact Information

Please provide the following information and return by **Friday, November 7th!!!**:

- **Student Athlete Name:** _____
- **Parent Contact information (REQUIRED):**

***Parent/Guardian name (Please PRINT):** _____

***Parent Email Address (Please PRINT):** _____

***Parent Cell phone number:** _____

- **Additional number (Relative or Family Friend):**

Name: _____ Phone Number: _____

- **Concerns or any Medications we need to know about:**

Parent/Guardian Signature: _____ **Date:** _____

BASKETBALL DANCE VOLUNTEER FORM

(Check the box below if you are interested in helping chaperone the dance on **Friday, Dec 12th from 3:00-4:30pm)**

☐ **YES**, I would like to volunteer and my email address is _____.
(We will confirm with you by email)

☐ **NO**, sorry I cannot help volunteer the dance on that date.