SVUSD ATHLETIC INFORMATION FORM **PLEASE USE BALL-POINT PEN AND PRESS HARD (YOU ARE MAKING 4 COPIES) AND PRINT LEGIBLY**

A. EMERGENCY DATA

City ne write "NONE": her / Father / Legal G b. Home/Cell Telephone b. Home/Cell Telephone Work Telephone No.	uardian / Specify Other e No. E-Mail
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	the District Office. The High School
ge plans offered.	Verified
practices or games. Knowi entative of the school on tea nereby state and accept full et and checked appropriate	d lead to serious injury, paralysis or ng these facts, I give my consent for am trips. In case my son/daughter is responsibility for: ly. terms of this code are agreed to by thletics is given.
	erage as contracted through ge plans offered.

OFFICE USE ONLY!!!

FALL:	BCC GCC FB GGLF GTEN GVB BWP PS	
WINTER:	BBB GBB BSO GSO GWP WR	
SPRING:	BAS BGLF BLAC GLAC SFT BSW GSW BTEN BTR GTR BVB	