

**CATHEDRAL HIGH SCHOOL  
ACTIVITY PARTICIPATION FORM**

**OFFICE USE ONLY**

\_\_\_\_/\_\_\_\_/\_\_\_\_

7 8 9 10 11 12

NAME: \_\_\_\_\_

PARENT NAME(S): \_\_\_\_\_

PARENT EMAIL(S): \_\_\_\_\_

\_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_

FEE PAID: \_\_\_\_\_

PHYSICAL EXPIRATION DATE: \_\_\_\_\_

TRANSPORTATION: \_\_\_\_\_

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

MSHSL HEALTH  
QUESTIONNAIRE: \_\_\_\_\_

MSHSL  
ELIGIBILITY FORM: \_\_\_\_\_

DATE PROCESSED: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Age/Grade \_\_\_\_\_

Sport: \_\_\_\_\_

Parent's Names \_\_\_\_\_

Home Phone \_\_\_\_\_

Daytime Numbers: \_\_\_\_\_

\_\_\_\_\_

If parents cannot be contacted call:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/Health Concerns: \_\_\_\_\_

\_\_\_\_\_

Medication: \_\_\_\_\_

Primary Clinic: \_\_\_\_\_