## Windsor High School Athletic Department Non-WHS Student Athlete Information Form

Student Athlete:				Sex:	Age:	Grade:	
Parent/Guardian:				_ Contact Number:			
Parent/Guardian:				_ Contact N	[umber:		
Home Address:			City:		State:	Zip:	
Does student athlete resid	le with parents?	Yes □	No □				
Is the address provided al	pove in the Weld I	RE4 School I	District Bo	oundaries?	Yes □	No □	
If no, what school district	t does student resid	de?					
Name of School Attending:				Date of Enrollment:			
School Address:			City:		State:	Zip:	
Check the Below Sport(s	) Playing at Winds	sor High Scho	ool:				
Fall ☐ Cross Country ☐ Football ☐ Golf (Boys) ☐ Soccer (Boys) ☐ Softball ☐ Tennis (Boys) ☐ Volleyball  Does the school you atter  Have you practiced or pa	☐ Basketball (C☐ Swimming/I☐ Wrestling	Girls) Diving (Girls) rts checked a	bove?		iving (Boys)	Year Round ☐ Cheer ☐ Poms	
Attending School Admin	·				ontact Number		
Please have grade/eligib Signature of Administrate	• •		·	C .	0 0	σ,	
I hereby certify that the in my failure to provide con of participation in the ath	nplete, accurate an	d truthful inf	ormation				
Printed Student Name			Printed Parent/Guardian Name				
Student Signature	ident Signature Da		Paren	arent Signature Da			