

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

Student Athlete: _____ Sex: _____ Age: _____ Grade: _____

Parent/Guardian: _____ Contact Number: _____

Parent/Guardian: _____ Contact Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Does student athlete reside with parents? Yes No

Is the address provided above in the Weld RE4 School District Boundaries? Yes No

If no, what school district does student reside? _____

Name of School Attending: _____ Date of Enrollment: _____

School Address: _____ City: _____ State: _____ Zip: _____

Check the Below Sport(s) Playing at Windsor High School:

Fall

- Cross Country
- Football
- Golf (Boys)
- Soccer (Boys)
- Softball
- Tennis (Boys)
- Volleyball

Winter

- Basketball (Boys)
- Basketball (Girls)
- Swimming/Diving (Girls)
- Wrestling

Spring

- Baseball
- Golf (Girls)
- Lacrosse (Boys)
- Soccer (Girls)
- Swimming/Diving (Boys)
- Tennis (Girls)
- Track & Field

Year Round

- Cheer
- Poms

Does the school you attend provide the sports checked above? Yes No

School Administrator: _____ Contact Number: _____

**** (Please have grade/eligibility report emailed each Monday morning to sandra.legino@weldre4.org)**

Signature of Administrator: _____ Email: _____

I hereby certify that the information provided on this form is complete, truthful and accurate. I understand that my failure to provide complete, accurate and truthful information on this application will be grounds for denial of participation in the athletic program at Windsor High School.

Printed Student Name

Printed Parent/Guardian Name

Student Signature

Date

Parent Signature

Date