



# NEW ATHLETE APPLICATION



NAME: \_\_\_\_\_  
First Last Middle Initial

ADDRESS: \_\_\_\_\_  
Street Apt No. City/State Zip

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ CHECK ONE: Male \_\_\_\_\_ Female \_\_\_\_\_

WHAT SCHOOL OR PROGRAM DO YOU ATTEND: \_\_\_\_\_

PARENT(S)/GUARDIAN(S): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

FAMILY OR STAFF EMAIL(S): \_\_\_\_\_

EMERGENCY CONTACT NAME (other than a parent/guardian): \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP TO YOU: \_\_\_\_\_

HOBBIES, PERSONAL INTERESTS, RECREATIONAL ACTIVITIES THAT YOU HAVE ENJOYED IN THE PAST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROGRAM(S) YOU MIGHT BE INTERESTED IN (Please check all that apply):

- Track  Basketball  Soccer  Swimming  Yoga  Zumba  Ice Skating  Tennis  Baseball  Golf  
 Theatre  Socials  Paddy's Road Race  Kevin Clancy Basketball Tournament  Awards Ceremony

DISABILITY/MEDICAL DIAGNOSIS: \_\_\_\_\_

PRIMARY CARE PHYSICIAN: \_\_\_\_\_

KNOW ALLERGIES: \_\_\_\_\_

DOES PARTICIPANT HAVE SEIZURES: YES \_\_\_ NO \_\_\_

IF YES, HOW OFTEN: \_\_\_\_\_ TYPE: \_\_\_\_\_

## Medications

**List all medications participant is taking below:**

Please note: Data provided on this form is for information purposes only. In the event of an emergency this form will be given to medical personnel. Newton Parks & Recreation Department is not authorized to administer any medications.

Medication	Time	Dosage

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE FORM AND MAIL TO**  
Athletes Unlimited  
Newton Parks and Recreation Department  
246 Dudley Road, Newton, MA 02459  
or email to [mkelly@newtonma.gov](mailto:mkelly@newtonma.gov)