

Student Athlete Permission

Creighton School District Athletic Program

Student Athlete Name:

_____ (Last) (First) (MI)

Male: _____ Female: _____ Grade _____ Date of Birth:

Address: _____ City: _____ Zip Code

Mother/Guardian: _____ Phone: _____
_____ (home/cell)

Father/Guardian: _____ Phone: _____
_____ (home/cell)

School:
