



Conner Middle School - Athletic Department

David Stigall - Social Studies Educator/Athletic Director

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3300 Cougar Path / Hebron, Kentucky 41048

School: 859.334.4410 / Athletic Office: Ext. 43230

Athlete's Name: _____

Date of Birth: _____ Grade: _____ Family/Team: _____

Home Address: _____

Parent Email: _____

Phone Number: _____

Parents/Guardians (First & Last Names): _____

Cell Phone Numbers for Above: _____

Sport(s) of Participation: _____

**Conner Middle School / Boone County Schools
Athletic Tryout / Open Gym - Consent to Participate**

As Parent/Guardian of _____, I hereby grant permission for participation in athletic competition sponsored by Conner Middle School and the Boone County Board of Education.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Emergency Contact During Open Gym/Tryouts

Name(s): _____

Relationship to Athlete: _____

Phone (Primary/Secondary Numbers): _____

Medical conditions that the coach should be made aware of (i.e. Inhaler, Epi-Pen, etc...):

Submit this information sheet with your completed KHSAA Sports Physical Form