

**Hubble Middle School**  
**Emergency Contact Information/Permission Form**

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sex: (circle one) M or F                      Grade: (circle one)      7th      8th

Student ID Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_, IL                      \_\_\_\_\_  
City                                      Zip

Parent contact email: \_\_\_\_\_

Student contact email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby give my student my consent to participate in the middle school interscholastic athletic program.

Parent Signature: \_\_\_\_\_

I understand that when participating in athletic events I am a representative of my school and that certain responsibilities with respect to behavior and character come with this commitment. I agree to abide by the eligibility guidelines as well as rules set forth by the school, the athletic department and my coach(es).

Student Signature: \_\_\_\_\_