

**Legacy Christian School**

67 68<sup>th</sup> St. SW

Grand Rapids, MI

Telephone (616) 455-3860

Fax (616) 455-1960

Vince Bonnema, Administrator

Joel Leegwater, Athletic Director

Legacy Christian Athletic Office

**Student Athlete Contact Information**

Student Athletes Full Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Emergency Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

\*\* Notable Medical Condition Yes: No:

If Yes, Please describe & what can we look for or do in case of trouble: \_\_\_\_\_

\_\_\_\_\_

(example: asthma, diabetes, seizures or any other condition which may be aggravated do to exercise – this information is for medical emergency use only)

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