



ECG Registration Form

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| Athlete's Name | <input type="text"/> |
| Date of Birth | <input type="text"/> |
| Gender | <input type="text"/> |
| Ethnicity | <input type="text"/> |
| School | <input type="text"/> |
| Parent Email Address | <input type="text"/> |

Please return the completed form to JSJKlarfeld@beaplayer.org by **6-18-2021**

Notice: This is not a registration for the actual sports physicals. To ensure your child receives their physical and ECG, arrive early and have all proper forms completed and signed by a parent or legal guardian. **Only the first 800 student athletes will receive our services.**