



---

# Central Catholic High School

Wheeling, WV • *est. 1865*

---

## MEDICAL INFORMATION SHEET

My son/daughter \_\_\_\_\_ has my  
permission to participate in the athletic program at Central Catholic High School.

Please list the sport(s) your child is interested in participating for the \_\_\_\_\_  
academic year.

Sport(s): \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Telephone number where I may be reached: \_\_\_\_\_

Alternate emergency contact: \_\_\_\_\_

Alternate emergency contact number: \_\_\_\_\_

My hospital preference: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Physician: \_\_\_\_\_

Dentist: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Physical restrictions: \_\_\_\_\_

Impact Test Completed? Yes No When: \_\_\_\_\_ Where: \_\_\_\_\_



# Central Catholic High School

Wheeling, WV • est. 1865

## WVSSAC ELIGIBILITY FORM

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

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

Student Middle Initial: \_\_\_\_\_

Father's Name (First and Last): \_\_\_\_\_

Mother's Name (First and Last): \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month                  Day                  Year

Place of Birth: \_\_\_\_\_  
City                          State                          Country (if not U.S.)

School Grade (9, 10, 11, 12): \_\_\_\_\_

School attended last semester: \_\_\_\_\_

Semesters Enrolled at CCHS: \_\_\_\_\_

County of

Residence:    Ohio County (WV)                  Marshall County (WV)                  Brooke County (WV)

Wetzel County (WV)                  Belmont County (OH)                  Washington County (PA)

If county of residence is not above, please list: \_\_\_\_\_