



Department of Health, Physical Education and Athletics

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CITY SCHOOL DISTRICT OF ALBANY ATHLETIC DEPARTMENT 2ND ANNUAL SOCCER ALUMNI GAMES

Name: _____ DOB: _____

Address: _____

State: _____ Zip: _____

Phone: _____

Emergency Contact: _____ Relationship? _____

Emergency Contact Phone: _____

Health Conditions: _____

Year you graduated from Albany HS? _____

What number uniform did you wear in HS? _____

Current Occupation? _____

Participants should realize that, as in any athletic activity, there is an element of risk involved whereas physical injuries may occur. Please note that in the event of an athletic injury that you are responsible for medical and/or hospital expenses incurred. Furthermore, the City School District of Albany is not responsible or liable for any problems or damages arising from participating in this activity.

Signature: _____ Date: _____