

# EQUIPMENT ISSUE FORM

Season: \_\_\_\_\_ Year In School: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

ARTICLE	SIZE	NUMBER	DATE ISSUED	DATE RETURNED
Shoes				
Practice Jersey				
Practice Pants				
Shoulder Pads				
Girdle Pads				
Thigh Pads				
Knee Pads				
Scrimmage Vest				
Socks				
T-shirt				
Notebook				
Game Jersey – Home				
Game Jersey – Away				
Game Pants				
Game Hose				
Special Equipment				

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Medical Exam Card: \_\_\_\_\_

Patient Permission Slip: \_\_\_\_\_ Transportation Slip: \_\_\_\_\_

Locker #: \_\_\_\_\_ Lock #: \_\_\_\_\_

Combination: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

---



---



---



---



---



---



---