



**STUDENT
HEALTHCARE
SOLUTIONS**
DIVISION OF NIAGARA NATIONAL INC. INSURANCE GROUP

INTERSCHOLASTIC SPORTS CENSUS

NAME OF SCHOOL:

Division:

ADDRESS:

CITY:

STATE:

ZIP CODE:

INFORMATION PROVIDED BY:

NUMBER OF PARTICIPANTS

NUMBER OF PARTICIPANTS

SPORTS	MEN	WOMEN		SPORTS	MEN	WOMEN
Archery				Sailing		
Badminton				Skiing		
Band				Soccer		
Baseball				Softball		
Basketball				Student/Mgrs.		
Bowling				Squash/Racquetball		
Boxing				Swim/Dive		
Cheerleaders				Tennis		
Cross Country				Track & Field		
Cycling				Volleyball		
Equestrian				Water Polo		
Fencing				Wrestling		
Field Hockey				Others (list below)		
Football/Fall						
Football/Spring						
Golf						
Gymnastics						
Ice Hockey						
Karate/Judo						
Lacrosse						
Rifle						
Rodeo						
Rowing/Crew						
Rugby						

Date completed:

Signature of person completing form: _____