



INTERSCHOLASTIC PARENT AUTHORIZATION FORM

To The Parent/Guardian: Your son/daughter has indicated a desire to participate in interscholastic athletics. Prior to allowing his/her participation, the following information must be completed. Your cooperation is appreciated.

TO BE COMPLETED BY THE STUDENT

Student's Name: _____

Grade: (circle one) 6 7 8 Birthdate: _____

Parent/Guardian Name: _____

Home Phone #: _____ Work Phone #: _____ Cell #: _____

Home Address: _____ City: _____

Name of Doctor: _____ Phone #: _____

Address: _____ City: _____

I hereby apply to participate in interscholastic athletics at Attea or Springman Middle School. I agree to abide by the Attea or Springman Middle School and team training rules.

Signature of Student: _____ Date: _____

PARENT'S CONSENT

I hereby give consent for _____ to have the privilege of participating in the Attea or Springman Middle School interscholastic athletic program during the _____ school year, with the following exception(s):

To the best of my knowledge, there is no physical condition that could cause him/her to be endangered by such participation. It is understood that the school district assumes no financial responsibility for accidents. Athletes will be responsible for all equipment issued.

Signature of Parent/Guardian: _____ Date: _____

IMPORTANT: A current physical form must be on file in the nurse's office before the athlete may participate in tryouts. For sports that do not have tryouts, the completed physical must be on file before the first practice. Physicals are effective for one calendar year from the date issued.