

Churchville-Chili Central School District

139 Fairbanks Road, Churchville, NY 14428 (585) 293-1800

MIXED COMPETITION REQUEST

FORM A - PARENTAL/GUARDIAN PERMISSION AND INFORMATION

I. STUDENT NAME: _____ GRADE _____ BIRTHDATE ____/____/____

_____ Sport Requested

_____ Level

II. STUDENT-ATHLETE PRIOR EXPERIENCE:

A) Non-school Athletic/Recreation Participation

Year

Activity

Coach/Supervisor

B) School Sponsored Athletic Participation

Year

Sport/Level

Coach

III. ADDITIONAL INFORMATION:

Please provide the review panel any additional information that may be pertinent to your request in the space below.
(Please feel free to attach additional sheet(s) if necessary.)

IV. FAMILY PHYSICIAN:

NAME _____ TELEPHONE # _____

ADDRESS _____

Will serve on review panel YES NO (Please circle one)

V. PARENT PERMISSION

I/we give permission for _____ to participate in _____ as per the mixed gender
Name of Student-Athlete Name of Sport
guidelines on interscholastic athletic teams of the regulations of the Commissioner of Education.

Signature of Parent/Guardian

Date