North Rose-Wolcott Central School District

11631 Salter-Colvin Road, Wolcott, NY 14590 (315) 594-3141

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