Thomas Jefferson High School
Student Activity Check Off

Policy 612: Eligibility for Student Activities

I, _____ understand the Policy 612: Eligibility for student activities (Good Conduct Policy) & Scholastic Eligibility (No Pass, No Play policy). I accept responsibility for understanding the information in both policies and agree to abide by the contents.

_____ _____
Student Date

_____ _____
Parent Date

HEADS UP: Concussions in High School Sports

IMPORTANT: Students participating in interscholastic athletics, cheerleading and dance team; and their parent/guardians; must sign the acknowledgment below and return it to school. Students CANNOT practice or compete in those activities until this form is signed and returned.

_____ _____
Student's Signature Date Student's Printed Name

_____ _____
Parent's/Guardian's Signature Date Student's School

Parent Permission

I, _____, parent/guardian of _____,
give my permission for he/she to participate in the following sports/activities:

_____ _____ _____ _____

_____ _____ _____

_____
Parent/Guardian Signature Date