



AKRON CENTRAL SCHOOL DISTRICT
AKRON, NEW YORK 14001

EXTRA-CURRICULAR ATHLETIC APPLICATION

Name _____ Date of Birth _____

Social Security Number _____ Phone Number _____

Present Address _____
(Street) (City) (State) (Zip)

Email Address _____

I am interested:

_____ Announcer

_____ Score Keeper

_____ Clock Operator

_____ Ticket Seller

_____ Chaperone

_____ Lifeguard

_____ Volunteer _____ Varsity _____ Boys
Sport Volunteering for _____ Jr. Varsity _____ Girls

_____ Coach _____ Varsity _____ Boys
Sport Coaching for _____ Jr. Varsity _____ Girls

Date

Signature of Applicant

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_____ I recommend the above applicant.

Date

Signature of Athletic Director