

**SOUTH COUNTRY CENTRAL SCHOOL DISTRICT
INTERSCHOLASTIC ATHLETIC PARTICIPATION FORM**

Date _____

Name _____ Date of Birth _____

Address _____ Place of Birth _____

STUDENT STATEMENT

I, _____, _____ wish to participate
Full Name Grade

in _____ this year _____.
Sport

I do solemnly promise to abide by all requirements, rules, and regulations issued by the Athletic Director and/or Board of Education in connection with the athletic program when practicing with my teammates and/or against my opponents.

Player's signature _____

NOTE TO PARENTS (GUARDIANS)

Your son/daughter will not be allowed to participate until this sheet is completed and returned to the coach. If you are aware of any medical problems of your child/ward, please tell us on the following lines:

PARENT/GUARDIAN CONSENT

I, _____, do give my consent to _____
Parent/Guardian Child/Ward

to participate in _____ this year.
Sport

I do give my permission for him/her to accompany his/her teams on athletic trips. I do not expect the school or the Board of Education to assume my liability in connection with my child's participation in sports beyond that coverage provided by the Board of Education. I will be responsible for any athletic equipment lent him/her.

I also agree to emergency medical treatment as deemed necessary by the physicians designated by the school authorities.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____