

ATHLETIC CONSENT FORM

THIS FORM MUST BE COMPLETED AND ON FILE **BEFORE** YOUR CHILD MAY TAKE PART IN **INTER-SCHOLASTIC** ATHLETICS. NOT ALL SPORTS ARE PLAYED IN ALL GRADES. THIS CONSENT FORM IS GOOD FOR THREE (3) CONSECUTIVE SPORT SEASONS (FALL WINTER SPRING), (WINTER SPRING FALL), or (SPRING FALL WINTER). THE ATHLETIC CONSENT **MUST NOT** EXPIRE DURING THE SPORT SEASON THE STUDENT IS TRYING OUT FOR.

TO BE COMPLETED BY PARENT

I hereby give full consent for my child to participate in interschool athletics under the sponsorship of Center Cass School District 66 and under the supervision of a qualified instructor.

_____ Student's Name

_____ Grade student is entering

_____ Signature of Parent/Guardian

_____ My child is covered by my personal health insurance.

_____ My child is covered by the school supplemental insurance place I have purchased.

ATHLETIC PHYSICAL EXAMINATION FORM

TO BE COMPLETED BY PHYSICIAN

_____ has been examined by me and is physically fit to participate in interscholastic athletics.

Please check the sports in which this student **MAY NOT** participate:

_____ Basketball

_____ Cheerleading

_____ Football

_____ Softball

_____ Soccer

_____ Track

_____ Volleyball

_____ Signature of Physician

_____ Address

_____ Phone

_____ Date