

ALL PAPERWORK MUST BE COMPLETED AND HANDED IN BEFORE AN ATHLETE TRYOUT!



Athletic Permission Slip

Athletes Name: _____ age: _____ D.O.B. _____

Athletes Grade: _____ CARE Teacher: _____

In case of an emergency please contact: _____ phone: _____

Relationship to Athlete _____.

If not available, please contact: _____ phone: _____

Relationship to Athlete _____

Medical problems we need to know about _____

Medications taken _____

Allergies to medication _____, general Allergies _____

My child, _____ has permission to remain afterschool to participate in athletic practice.

Date

Parent/Guardian Signature

**** PLEASE RETURN ALL COMPLETED PAPERWORK TO MR. YESNER'S CLASSROOM, ROOM 122. IF DOOR IS LOCKED, THEN SLIDE UNDER THE DOOR ****