

## Sports Permission Slip and Information Form

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade Year: \_\_\_\_\_

Address: \_\_\_\_\_

County/State Born In: \_\_\_\_\_

Years participated in each sport (include this year): \_\_\_\_\_

Parents' Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**IF** parents cannot be reached, NOTIFY \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby give permission for my child listed above to participate in athletics at their attending school.

(Please check below the sports for which this permission is granted.)

____ Football	____ Boys Basketball	____ Baseball
____ Softball	____ Girls Basketball	____ Volleyball
____ Boys Track	____ Girls Track	____ Cheerleading
____ Cross Country	____ Soccer	____ Dance
____ Golf	____ Other _____	

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_