

Middle School Athletic Eligibility Form

Name _____ Date of Birth _____

Address _____

Grade _____ Student I.D. # _____ Telephone _____

Parent's Name _____ Home Phone # _____

This is to certify that the above named child has my permission to play _____
Sport

- () The above named child is covered by school insurance or a family health policy.
Specify type of coverage: _____

- () The above named child has sustained a prior concussion(s). Date of concussion(s): _____

- () The above named child will travel to and from games by school provided transportation and will be responsible for the full cost of any athletic equipment issued to him/her that is lost or destroyed.

Parent/Guardian Signature

Student Athlete Signature

(Do not write in this space – For Middle School Health Office use only)

I hereby certify that the above-named student has been examined by a physician in the past twelve months and a record of such exam is on file in the middle school health office and that all immunizations are up to date.

Health Office Clearance *Date*

Date of Physical

Middle School Athletic Fee Schedule

Individual \$70 per student/sport

Students eligible for free lunch are exempt from the athletic fee.
The fee for students eligible for reduced-price lunch is \$35.00.

Middle School Football Fee Schedule

Individual \$150 per student/football season

Students eligible for free lunch are exempt from the athletic fee.
The fee for students eligible for reduced-price lunch is \$75.00.

To Be Completed by School Staff

Fee Paid _____
 Amount Staff initials Date

Eligible for free or reduced lunch _____