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 ☐Blue Cross ☐Private ☐HMO ☐School

☐ 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 $65 per student/sport

Students eligible for free lunch are exempt from the athletic fee.
The fee for students eligible for reduced-price lunch is $37.50.

To Be Completed by School Staff

Fee Paid_____ _____ _____
Amount Staff initials Date

Names of Siblings Covered _____

_____

Eligible for free or reduced lunch _____

02/10/09