

## 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                      \$120 per student/sport

Students eligible for free lunch are exempt from the athletic fee.

The fee for students eligible for reduced-price lunch is \$60.00.

### *To Be Completed by School Staff*

Fee Paid \_\_\_\_\_  
Amount                      Staff initials                      Date

Eligible for free or reduced lunch \_\_\_\_\_