

CERTIFICATE FOR PARTICIPATION IN INTERSCHOLASTIC SPORTS

Name _____ Grade _____ DOB _____ Sport _____

Below are the categories of interscholastic competition for this school year:

<u>Collision</u>	<u>Contact</u>	<u>Endurance</u>	<u>Other</u>
Football Lacrosse (boys)	Baseball Basketball Soccer Field Hockey Lacrosse (girls) Softball Wrestling	Gymnastics Track & Field Cross Country Tennis Volley Ball	Bowling Golf Cheerleading

I hereby give my son/daughter _____ permission to engage in the following sport _____
 for the school year 20____-20____ Parent's Signature _____ Student's Signature _____

Participation Recommendations:

_____ This student may participate in any category of his or her choosing without restriction.
 _____ This student may only participate in the following categories/sports _____
 _____ This student may not participate in sports pending _____
 _____ This student is disqualified from all sports due to _____

Physician's Signature _____ **Date** _____

School Physician's Signature _____ **Date** _____

*This certificate is void if the student is absent from school for 5 or more consecutive days because of illness or if the student has a significant illness.
 In either case the student has to be re-certified before returning to interscholastic sports.*