ATHLETICS ELIGIBILITY FORM

(SCHOOL YEAR 2014-2015)

STUDENT'S NAME: _____ BIRTH DATE:_____

I/We give permission for _____ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. I/We acknowledge that, even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, the injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death.

I/We understand that if I/we later decide not to allow _____ to participate in organized interscholastic athletics, I/We must inform the Athletic Coordinator about this change in writing. I/We acknowledge that I/we have read and understand this warning.

I/We hereby give permission for my/our child to participate in ASDB's athletic program for the coming school year in the following sports:

GIRLS'

Volleyball _____

Adapted Fall _____
(Bowling, Swimming)

Goalball _____

Basketball _____

Winter Sports Experience _____
(wrestling, goalball and rock climbing)

Soccer _____

Track and Field _____

Adapted Track and Field _____

Cheerleading *(High School)* _____

BOYS'

Football _____

Adapted Fall _____
(Bowling, Swimming)

Goalball _____

Basketball _____

Winter Sports Experience _____
(wrestling, goalball and rock climbing)

Soccer _____

Track and Field _____

Adapted Track and Field _____

Cheerleading *(High School)* _____

_____ _____

Parent/Legal Guardian Signature **Date**

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