Slidell Jr. High School Athletic Participation / Parent Permission Form:

All athletes and parents must complete and sign this form.

	• •		ny Parish School Board that ALL atl	
			AL OR ACCIDENT INSURANCE IN Olon on this form. This information a	
	•		to immediately contact parents/g	
SCHOOL YEAR	Date _			
Please Print Name			Student ID #	
Birthday G				
Address & Zip Code				
Mother's Cell and name				
Father's cell and name				
Other emergency contact	ct name and n	umber		
***Insurance name ar	nd policy num	<u>nber</u>		
Are you eligible?				
You cannot become 15 y	ears of age be	efore September	1 of current school year.	
 You must earn at 	least a 1.50 G	iPA in all subjects	taken.	
		ly after practice a	and games or be dismissed from th	e team if the
problem persistsYou must pass a out.		by a licensed ph	ysician and have it turned into you	r coach before trying
liability for injuries or ac sports and related extra	cidents occurr curricular tean ut limitation ri	ing to students d ns or activities. T	gents and insurers have no liability uring their participation in intersche student and parent(s)/guardian isk of incurring medical expenses a	nolastic athletics or (s) assume any and
I hereby give my child p	ermission to p	articipate in all a	thletic sports at Slidell Jr. High	
Student Signature Date				
Parent Signature Date				

Parent's printed name _____