

Student Athlete Participation Form
Voluntown Public School System
Interscholastic Athletics

Student Name: _____ Grade: _____ Date: _____

Contact #1: _____ Phone #: _____ Cell #: _____

Email Address: _____

Contact # 2: _____ Phone #: _____ Cell #: _____

Email Address: _____

1.

I, _____ Grade _____, would like to tryout and/or participate in _____.
(student's name) (sport)

I have read the athletic handbook and agree to abide by all school and athletic policies.

Student's Signature _____ Date _____

2.

I give permission for _____ to participate in tryouts, practice and games, both home and
(student's name)
away during the _____ season.
(sport)

I have read the athletic handout and understand all school and athletic policies.

Parent's Signature _____ Date _____

3.

My records show that _____ has a physical form in my office that is valid through
(student name)

(date)

Nurse's signature _____ Date _____

4.

I have checked on Academic Eligibility and found that _____ is eligible to participate in
(student's name)

(sport)

Athletic Director's Signature _____ Date _____

This completed form should be provided to the respective coach, who shall have it at all times.
No participation until all the spaces are completed.