

Last PX _____ (filled in by School Nurse)

MUST READ BEFORE SIGNING

Complete & submit the online portion at oceancityschools.org
Click on "Athletics" then "Forms" and follow instructions

I verify that I **completed the online portion** of Ocean City High School's Athletic Forms and agree to all guidelines and policies mentioned. I also received and reviewed all pamphlets.

Student Name (Print): _____ **Signature:** _____

Grade _____ **Sport:** _____

I, the **PARENT/GUARDIAN** of the child named above, certify that I **completed the online portion** of Ocean City High School's Athletic Forms and agree to all guidelines and policies mentioned. I also received and reviewed all pamphlets.

Parent/Guardian Name (Print): _____ **Signature:** _____

Please return this form to the Health Office by the first day of try-outs
Any student that does not return this form will not be allowed to participate- NO EXCEPTIONS!