

WARREN TOWNSHIP HIGH SCHOOL
ATHLETIC PERMISSION FORM
2008-2009

NAME _____ ID# _____ DATE: _____

ADDRESS _____ CITY _____ ZIP _____

YEAR IN SCHOOL _____ DATE OF BIRTH _____ STATE & COUNTY BORN IN _____

TRANSFER STUDENT YES NO PHONE # _____

SPORTS – Please indicate which sports you would like to participate in - even those you are considering. **ALL STUDENTS MUST HAVE A CLEARANCE SLIP FROM THE ATHLETIC OFFICE BEFORE TRYING OUT FOR ANY SPORT. PARTICIPATION FEE: 1 SPORT \$175.00/2 SPORTS \$350.00/ 3 SPORTS \$525.00/FAMILY \$650.00**

FALL

<input type="checkbox"/> BOYS' CROSS COUNTRY	<input type="checkbox"/> GIRLS' CROSS COUNTRY
<input type="checkbox"/> FOOTBALL	<input type="checkbox"/> GIRLS' GOLF
<input type="checkbox"/> BOYS' GOLF	<input type="checkbox"/> GIRLS' SWIMMING
<input type="checkbox"/> BOYS' SOCCER	<input type="checkbox"/> GIRLS' TENNIS
<input type="checkbox"/> HOCKEY CLUB	<input type="checkbox"/> GIRLS' VOLLEYBALL
	<input type="checkbox"/> CHEERLEADING
	<input type="checkbox"/> DEVILETTES

WINTER

<input type="checkbox"/> BOYS' BASKETBALL	<input type="checkbox"/> GIRLS' BASKETBALL
<input type="checkbox"/> BOYS' SWIMMING	<input type="checkbox"/> GIRLS' BOWLING
<input type="checkbox"/> WRESTLING	<input type="checkbox"/> GIRLS' GYMNASTICS
<input type="checkbox"/> HOCKEY CLUB	

SPRING

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> GIRLS' SOCCER
<input type="checkbox"/> BOYS' TENNIS	<input type="checkbox"/> SOFTBALL
<input type="checkbox"/> BOYS' TRACK	<input type="checkbox"/> GIRLS' TRACK
<input type="checkbox"/> BOYS' VOLLEYBALL	
<input type="checkbox"/> LACROSSE	

ALL STUDENTS MUST BE ENROLLED IN FIVE ACADEMIC CLASSES WHILE PARTICIPATING IN A SPORT.

Parental/guardian permission is needed for students to participate in the athletic program. Your signatures below indicate that you have read, understand, and are willing to comply with all sections of the Warren Township High School Athletic Code and parental permission is granted for your son/daughter to participate.

- I. The undersigned has read and understands the Athletic Code and gives consent for their student to participate in the Warren Township High School Interscholastic Athletic Program and to travel with the school representative on necessary school trips.
- II. The undersigned agrees to be responsible for the safe return of all equipment issued by the school.
- III. The undersigned realizes that there is a risk of being injured that is inherent in all sports and that some of the injuries could be severe, including risk of fractures, brain injuries, paralysis, or even death. By signing below the student and his/her parent(s) or guardian(s) assume the liability and risk of the student's participation in the sport, and further agree to hold harmless the Board of Education of Warren Township High School District No. 121, its members, employees and volunteers, from the responsibility or liability for any and all personal injuries, damages or expenses which may be incurred as a result of participation in the sport. The undersigned gives permission to the school employees, volunteers, physician and/or medical attendants to administer emergency treatment.

(PRINT) PARENT/GUARDIAN

(PRINT) ATHLETE

(SIGN) PARENT/GUARDIAN

(SIGN) ATHLETE

FOR OFFICE USE ONLY

PHYSICAL EXPIRES _____

GRADES _____