

AHS Permit to Practice/Play

NAME: _____ / _____ / _____ GRADE: _____
(LAST) (FIRST) (MI)

ADDRESS: _____ / _____ / _____
(STREET) (CITY) (ZIP)

HOME PHONE: _____

Current Sport: _____

BIRTHDATE: ____/____/____ AGE: ____ HT. ____ WT. ____

DATE OF LAST PHYSICAL EXAM: ____/____/____

YEAR ENTERED 9TH GRADE: FALL OF: 11 12 13 14 (CIRCLE ONE)

PARENT/GUARDIAN(S):

MOTHER: _____ WORK PHONE: _____

FATHER: _____ WORK PHONE: _____

E-Mail Address: _____@_____

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**TO BE COMPLETED BY AN ATHLETIC ADMINISTRATOR**  
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This form must be completed by the student-athlete and then submitted to the Athletic Director for permission to practice and/or participate. Once all the paperwork is submitted and on file, the administrator will initial each box and the individual student-athlete may participate. The Head Coach needs to sign the revised eligibility prior to participation.

Head Coach Submitting: _____ Date: _____

Student-Athlete & Parent viewed Preseason Presentation YES _____

NHCS ATHLETIC PARTICIPATION FORM on FILE YES _____

Pre-PARTICIPATION SCREENING ON FILE YES _____

TRANSCRIPT HAS BEEN CHECKED (If Applicable) YES _____

STUDENT/ATHLETE AND PARENT CONCUSSION Form (OF) YES _____

Athletic Administrator Signature _____ Date: _____