

ST. JOHN VILLA ACADEMY HIGH SCHOOL SPORT PARTICIPATION FORM 2016-2017

Student Name: _____ Grade _____

(PLEASE PRINT)

Every student who intends to participate in any of the competitive activities listed below must have this form on file with the High School Athletic Office for the CURRENT (2016-2017) school year. No student will be allowed to try out or workout in their sport season (including official practices), which may begin in late August until this information is on file. **This form must be returned to Ms. Sue Shepherd.**

Basketball (Var. & JV)
Golf
Softball
Track (3 seasons)

Bowling
Lacrosse
Swimming
Volleyball (Var. & JV)

Cheerleading (Var.)
Soccer (Var. & JV)
Tennis

A. MEDICAL APPROVAL

Student's Name: _____, is physically fit to participate in the following sport areas" (Check as many applicable)

Basketball _____
Golf _____
Softball _____
Track _____

Bowling _____
Lacrosse _____
Swimming _____
Volleyball _____

Cheerleading _____
Soccer _____
Tennis _____

Restrictions: _____

Physician's Signature _____ Date _____

Physician's ID Stamp: Name _____

Address _____

Phone # _____

B. PARENTAL CONSENT

In the following sport program(s): I give permission for my daughter

_____ to actively participate

Basketball _____
Golf _____
Softball _____
Track _____

Bowling _____
Lacrosse _____
Swimming _____
Volleyball _____

Cheerleading _____
Soccer _____
Tennis _____

Parent/Guardian Signature: _____ Date _____

NB- STUDENTS INJURED WHILE PARTICIPATING IN ANY SCHOOL-SPONSORED ACTIVITY ARE COVERED PRIMARILY BY FAMILY INSURANCE. SCHOOL INSURANCE IS TO BE USED AS A SECONDARY OPTION ONLY.

FORMS ARE DUE BY AUGUST 22, 2016