

**LINCOLN PARK PUBLIC SCHOOLS  
PERMISSION FOR ORIGINAL SPORT IN CURRENT YEAR**

ATHLETIC APPLICATION FOR \_\_\_\_\_ SPORT

NAME \_\_\_\_\_

GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

My son/daughter has had injuries or chronic conditions that may affect athletic performance.

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This candidate may participate in \_\_\_\_\_

Nurse: \_\_\_\_\_

Date: \_\_\_\_\_

PARENT'S CONSENT: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give consent for my son/daughter to participate in the above program and to accompany the team on scheduled athletic trips. I understand that participation in interscholastic athletics presents the potential for physical injury or death.

PARENT'S SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_

I wish to participate in the above sport.

I understand I must:

1. Have a signed parental permission card on file with the coach and an approved sports physical exam.
2. Attend faithfully to my studies and behave in a sportman-shiplike manner.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date