All students who wish to try out/participate in an athletic team/club must complete this sheet on both sides and return to Gavilan View prior to the first day of practice. A new permission slip form MUST be filled out before the start of EACH season: Fall, Winter and Spring.

Gavilan View Athletics Permission Slip

Student Name (Print) _____ Date of Birth _____

Sport _____ Grade _____ Student ID _____

Student Athlete Policies - All students in grades 6-8 are eligible to participate in interscholastic sports programs provided that they are both ACADEMICALLY AND BEHAVIORALLY ELIGIBLE for each week of the sport season. Please refer to the Gavilan View handbook for a description of eligibility. Student athletes MUST attend school on days there are games/practices held. NO student will be allowed to participate in sports if he/she was absent the day of.

I understand that my child is responsible for all equipment and uniforms issued at the beginning of the sport season and will return all loaned equipment/uniforms immediately at the close of the season or pay the replacement cost.

I hereby acknowledge that I have read the athletic rules and requirements as a condition for my child's participation in Gavilan View Middle School Athletic Program. I understand that my child is a student first and that his or her behavior in the school can affect their eligibility as a team member.

Parental Permission - I _____ give my child permission to be a member of Gavilan View athletics. I agree to assist my child in being at scheduled practices and games on time. I also give consent to accompany the team on local or out of town trips.

Student Signature - I _____ am interested in being a participant in Gavilan View sport team(s). I will do my best at each scheduled practice and game. I understand that as a student at Gavilan View, my academic class work/homework comes before practice/games and I will do my best to meet the expectations of my teachers and coach(s).

Gavilan View Middle School
Emergency Contact Information

Student Name _____ Date of Birth _____

Address _____

Parent/Guardian Name (First Contact) _____

Telephone: (Home) _____ (Work) _____
(Cell) _____

Parent/Guardian Name (Second Contact) _____
Telephone: (Home) _____ (Work) _____

(Cell) _____

Known Health Problems (Seizures, Asthma, Diabetes, etc.) _____

_____

Known Allergies _____

Current Medications _____

Student's Physician _____

Student's Dentist _____

Consent: *In case of injury or illness and I cannot be reached, the coach, the athletic trainer, nurse or athletic director has my permission to make arrangements for my child to be taken to the nearest medical facility for an emergency.*

Parent/Guardian Signature _____ Date: _____