

Oak Hill Charter School Student-Athlete Participation Form

Student-Athlete's Name: _____ Date of Birth: _____

Gender: Male / Female Grade: _____

Father's Name: _____ Mother's Name: _____

Student resides with: _____ Phone #: _____

Street Address of Residence: _____

City: _____ ZIP: _____

If student resides with anyone other than parents, legal documentation MUST be provided to school administration. Failure to provide accurate and up-to-date residence information may be grounds for loss of athletic eligibility.

Alternate Emergency Contact Person: _____

Day phone: _____ Cell: _____

Indicate any Medical Alerts and/or allergies:

Request for Permission to Participate: I, the undersigned student and the student's parent/guardian, apply for permission to participate in interscholastic athletics in the following sports:

I, the undersigned student and the student's parent/guardian agree to pay the **\$35.00** per sport participation fee and agree to follow all of the rules and regulations set in place to ensure the health and safety of all participants.

Parent Name: _____ Date: _____

Parent Signature: _____

Participant/Student Name: _____ Date: _____

Participant/Student Signature: _____