

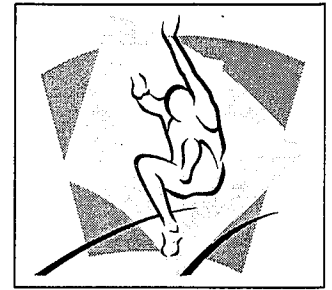
2013 CMS Track & Field Information

HEAD COACH: Mrs. Boiarski (michele.boiarski@chardonschools.org)

ASSISTANT COACHES: Mrs. Diehm, Mr. Farrow, and Mr. Pennington

PARENT-ATHLETE MEETING: Wednesday, March 6, 2013 at 6:00 pm (CMS LGIR)

- ❖ Athlete and a parent/guardian must attend.
- ❖ Bring completed participation forms
 - Found on CMS website-Middle School News-CMS Track & Field Information
 - Physical/HIPPA (valid one year)
 - Emergency Medical/Insurance Waiver (new form required for each sport)
 - Track Team Rules

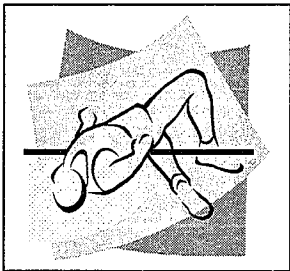


SHOE NIGHT: Achilles Running Shop on Friday, March 8, 2013 from 6-8 pm.

- ❖ CMS Athletes will receive a 15-20% discount on all purchases
- ❖ 7439 Mentor Avenue-next to the Party Place on the north side of SR 20 (east of SR 306)

ACTIVITY FEE: \$225

- ❖ Must be paid my Monday, April 8, 2013
- ❖ Checks payable to Chardon Local Schools
- ❖ Athletes will not be able to participate on/after April 8, 2013 if the fee is not paid
- ❖ Please speak to Mrs. Taylor, CMS AD, if a payment plan needs to be set up.

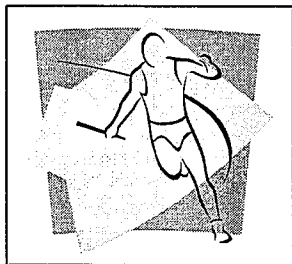
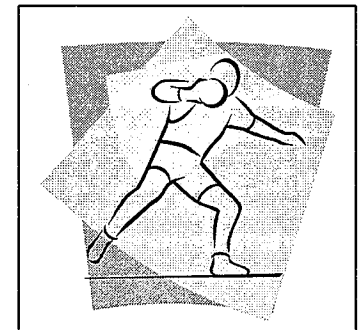


REQUIRED EQUIPMENT:

- ❖ Pair of running shoes
- ❖ Water bottle with athlete's name on it

OPTIONAL ITEMS:

- ❖ Solid, black short sleeved t-shirt-No writing/graphics please
- ❖ Black long sleeved shirt
- ❖ Black running tights
- ❖ Black sports bra for girls
- ❖ Black compression shorts
- ❖ Spikes (only use during meets/time trials)



PARENT VOLUNTEERS: We need volunteers for our home meets

- ❖ If parent schedule permits, we need one parent from each athlete to volunteer to assist at one home meet
- ❖ The dates for home meets are as follows: Thursday 4/11, Thursday 4/25, Tuesday 5/7, Thursday 5/9, and Thursday 5/16

Parents.....please feel free to volunteer for more than one meet if possible. Training (or a refresher lesson) will be provided. Sign-ups are during the parent-athlete meeting on Wednesday, March 6, 2013.



HISTORY FORM

(Note: This form is to be filled out by the student and parent prior to seeing the medical examiner. The medical examiner should keep this form in the chart.)

Date of Exam _____ Date of birth _____

Name _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list the prescription and over-the-counter medicines and supplements (herbal and nutritional-including energy drinks/ protein supplements) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

- Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

Table with columns: GENERAL QUESTIONS, HEART HEALTH QUESTIONS ABOUT YOU, HEART HEALTH QUESTIONS ABOUT YOUR FAMILY, BONE AND JOINT QUESTIONS. Includes questions 1-25.

Table with columns: MEDICAL QUESTIONS, FEMALES ONLY. Includes questions 26-54.

Explain "yes" answers here

Blank lines for explaining "yes" answers.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Student _____ Signature of parent/guardian _____ Date: _____



THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Table with 16 rows of questions regarding disabilities and medical history, with Yes/No columns.

Explain "yes" answers here

Blank lines for explaining "yes" answers.

Please indicate if you have ever had any of the following.

Table with 17 rows of medical conditions and Yes/No columns.

Explain "yes" answers here

Blank lines for explaining "yes" answers.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Student _____ Signature of parent/guardian _____ Date: _____



Ohio High School Athletic Association



PREPARTICIPATION PHYSICAL EVALUATION 2012-2013

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet or use condoms?
 - Do you consume energy drinks?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION						
Height	Weight		<input type="checkbox"/> Male	<input type="checkbox"/> Female		
BP	/	(/)	Pulse	Vision R 20/	L20/	Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL				NORMAL	ABNORMAL FINDINGS	
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)						
Eyes/ears/nose/throat Pupils equal Hearing						
Lymph nodes						
Heart Murmurs (auscultation standing, supine, +/- Valsalva) Location of the point of maximal impulse (PMI)						
Pulses Simultaneous femoral and radial pulses						
Lungs						
Abdomen						
Genitourinary (males only)						
Skin HSV, lesions suggestive of MRSA, tinea corporis						
Neurologic						
MUSCULOSKELETAL						
Neck						
Back						
Shoulder/arm						
Elbow/forearm						
Wrist/hand/fingers						
Hip/thigh						
Knee						
Leg/ankle						
Foot/toes						
Functional Duck walk, single leg hop						

*Consider ECG, echocardiogram, or referral to cardiology for abnormal cardiac history or exam.
 †Consider GU exam if in private setting. Having third part present is recommended.
 ‡Consider cognitive or baseline neuropsychiatric testing if a history of significant concussion.

CLEARANCE FORM

Note: Authorization forms (pages 5 and 6) must be signed by both the parent/guardian and the student.

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not Cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The student does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. In the event that the examination is conducted en masse at the school, the school administrator shall retain a copy of the PPE. If conditions arise after the student has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician or medical examiner (print/type) _____ Date of Exam _____

Address _____ Phone _____

Signature of physician/medical examiner _____, MD, DO, D.C., P.A. or A.N.P.

EMERGENCY INFORMATION

Personal Physician _____ Phone _____

In case of Emergency, contact _____ Phone _____

Allergies _____

Other Information _____

THE STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS UNTIL THIS FORM HAS BEEN SIGNED AND RETURNED TO THE SCHOOL



OHSAA AUTHORIZATION FORM 2012-2013

I hereby authorize the release and disclosure of the personal health information of _____ ("Student"), as described below, to _____ ("School").

The information described below may be released to the School principal or assistant principal, athletic director, coach, athletic trainer, physical education teacher, school nurse or other member of the School's administrative staff as necessary to evaluate the Student's eligibility to participate in school sponsored activities, including but not limited to interscholastic sports programs, physical education classes or other classroom activities.

Personal health information of the Student which may be released and disclosed includes records of physical examinations performed to determine the Student's eligibility to participate in school sponsored activities, including but not limited to the Pre-participation Evaluation form or other similar document required by the School prior to determining eligibility of the Student to participate in classroom or other School sponsored activities; records of the evaluation, diagnosis and treatment of injuries which the Student incurred while engaging in school sponsored activities, including but not limited to practice sessions, training and competition; and other records as necessary to determine the Student's physical fitness to participate in school sponsored activities.

The personal health information described above may be released or disclosed to the School by the Student's personal physician or physicians; a physician or other health care professional retained by the School to perform physical examinations to determine the Student's eligibility to participate in certain school sponsored activities or to provide treatment to students injured while participating in such activities, whether or not such physicians or other health care professionals are paid for their services or volunteer their time to the School; or any other EMT, hospital, physician or other health care professional who evaluates, diagnoses or treats an injury or other condition incurred by the student while participating in school sponsored activities.

I understand that the School has requested this authorization to release or disclose the personal health information described above to make certain decisions about the Student's health and ability to participate in certain school sponsored and classroom activities, and that the School is a not a health care provider or health plan covered by federal HIPAA privacy regulations, and the information described below may be redisclosed and may not continue to be protected by the federal HIPAA privacy regulations. I also understand that the School is covered under the federal regulations that govern the privacy of educational records, and that the personal health information disclosed under this authorization may be protected by those regulations.

I also understand that health care providers and health plans may not condition the provision of treatment or payment on the signing of this authorization; however, the Student's participation in certain school sponsored activities may be conditioned on the signing of this authorization.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by a health care provider in reliance on this authorization, by sending a written revocation to the school principal (or designee) whose name and address appears below.

Name of Principal: _____
School Address: _____

This authorization will expire when the student is no longer enrolled as a student at the school.

NOTE: IF THE STUDENT IS UNDER 18 YEARS OF AGE, THIS AUTHORIZATION MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN TO BE VALID. IF THE STUDENT IS 18 YEARS OF AGE OR OVER, THE STUDENT MUST SIGN THIS AUTHORIZATION PERSONALLY.

Student's Signature

Birth date of Student, including year

Name of Student's personal representative, if applicable

I am the Student's (check one): _____ Parent _____ Legal Guardian (documentation must be provided)

Signature of Student's personal representative, if applicable

Date

A copy of this signed form has been provided to the student or his/her personal representative

2012-2013 Ohio High School Athletic Association Eligibility and Authorization Statement

This document is to be signed by the participant from an OHSAA member school and by the participant's parent.

I have read, understand and acknowledge receipt of the OHSAA brochure entitled "Your Athletic Eligibility," which contains a summary of the eligibility rules of the Ohio High School Athletic Association. I understand that a copy of the *OHSAA Handbook* is on file with the principal and athletic administrator and that I may review it, in its entirety, if I so choose. All OHSAA bylaws and regulations from the *Handbook* are also posted on the OHSAA web site at www.ohsaa.org.

I understand that an OHSAA member school must adhere to all rules and regulations that pertain to the interscholastic athletics programs that the school sponsors, but that local rules may be more stringent than OHSAA rules.

I understand that participation in interscholastic athletics is a privilege not a right.

Student Code of Responsibility

As a student athlete, I understand and accept the following responsibilities:

I will respect the rights and beliefs of others and will treat others with courtesy and consideration

I will be fully responsible for my own actions and the consequences of my actions

I will respect the property of others

I will respect and obey the rules of my school and laws of my community, state and country

I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state and country

I understand that a student whose character or conduct violates the school's Athletic Code or School Code of Responsibility is not in good standing and is ineligible for a period of time as determined by the principal

Informed Consent – By its nature, participation in interscholastic athletics includes risk of injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

PARENTS, GUARDIANS OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN OHSAA-SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.

I understand that in the case of injury or illness requiring transportation to a health care facility, that a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

To enable the OHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in an OHSAA member school I consent to the release to the OHSAA any and all portions of school record files, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work completed, grades received and attendance data.

I consent to the OHSAA's use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

I understand that if I drop a class, take course work through Post Secondary Enrollment Option, Credit Flexibility or other educational options, this action could affect compliance with OHSAA academic standards and my eligibility.

I understand all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further I understand that if my student is removed from a competition due to a suspected concussion, he or she will be unable to return to competition that day without the written authorization from a physician (M.D. or D.O.) or an athletic trainer which indicates that the student has not been concussed..

By signing this we acknowledge that we have read the above information and that we consent to the herein named student's participation.

***Must Be Signed Before Physical Examination**

Student's Signature	Birth date	Grade in School	Date
Parent's or Guardian's Signature			Date

Confidential

Grade _____

Height _____

Weight _____

CHARDON LOCAL SCHOOLS Emergency Medical Authorization

Purpose: To enable parents to authorize emergency treatment for children who become ill or injured while under school authority when parents cannot be reached. PART I OR PART II must be completed.

PART I: CONSENT

Student Name: _____ School: _____

Address: _____ Phone Number: _____

Residential Parent/Guardian

Mother: _____ Daytime Phone: _____

Father: _____ Daytime Phone: _____

Other Authorized Contact: _____ Daytime Phone: _____

Name of relative or childcare provide: _____

Address: _____ Phone: _____ Relationship: _____

In the event reasonable attempts to contact me or those listed above are unsuccessful, I hereby give consent for the following medical care providers and local hospital to be called. I further authorize the administration of any treatment deemed necessary by the preferred doctors, or in the event the preferred practitioner is not available by another licensed physician or dentist, and the transfer of the child to the preferred hospital or any hospital reasonably accessible.

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Phone: _____

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Date: _____ Parent/Guardian Signature: _____

PART II: REFUSAL OF CONSENT (DO NOT COMPLETE PART II IF YOU COMPLETED PART I)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities (to take no action), (to take the following action):

CHARDON LOCAL SCHOOLS

ATHLETIC INSURANCE WAIVER

ATHLETE'S NAME _____ SPORT _____

To Parents or Guardian:

Some type of health insurance is necessary for you son/daughter to participate in Chardon Local Schools interscholastic athletics.

Please check one of the following and sign below.

_____ My son/daughter is insured for athletic injuries in which we (the parents or legal guardian) subscribe.

Name of company _____

_____ My son/daughter is NOT insured for athletic injuries. We (the parents or legal guardian) will assume the responsibility for purchasing the insurance necessary to cover any injury occurred during participation in interscholastic athletics.

Forms for school insurance which will cover such injuries are available in the High School Student Affairs Office or in the Middle School Main Office.

Signature of Parent or Guardian _____ Date _____

TRACK & FIELD RULES

The rules stated below are in addition to the rules established by the Chardon Middle School code of conduct and the Ohio Athletic Association.

1. According to the OHSAA, all athletes must complete **10** practices to participate in the first meet.
2. If an athlete is at school, he/she is expected at practice.
3. **Athletes who do not attend practice the day before a meet are not eligible to compete. There are no exceptions to this rule.**
4. If an athlete misses **three** practices for any reason other than religious, family emergency, or illness, they will be dismissed from the team. Students in Science Olympiad, Student Council, NJHS, Yearbook, Robotics, Power of the Pen, JTI, Jazz Band, Cheerleading clinics and tryouts, or any other school related activity are expected to attend practice after their group has adjourned if practice is still occurring. **If you do not attend practice the day before a meet, you will not participate in the meet.** An after school detention is considered an unexcused absence.
5. All athletes must exhibit good sportsmanship at all times - respect coaches, bus drivers, race officials, teammates, and competitors.
6. All athletes must encourage, support, and cheer for fellow athletes.
7. All athletes are expected to remain at the meet until the end of the last race.
8. If an athlete plans to leave a meet with a parent (instead of with the team), he/she must:
 - a. Obtain and complete a "transportation release form" (available in the CMS office) prior to the day of the meet.
 - b. Ask the principal to sign the release form and then return it to the athlete.
 - c. Give the signed transportation release form to one of the coaches prior to the meet.
 - d. Check-out with a coach before leaving the meet.
 - e. REMINDER: A transportation release form does **NOT** permit an athlete to leave the meet early.
9. Consequences for rule infractions:
 - a. 1st infraction = non-participation in one meet
 - b. 2nd infraction = non-participation in two meets
 - c. 3rd infraction = dismissal from team



***** COMPLETE, DETACH, AND RETURN TO TRACK & FIELD COACHES *****

We understand and will comply with the stated rules and consequences of the 2013 CMS Track & Field Team. We also understand that these rules will go into effect beginning Monday, March 11, 2013. Please turn in at the parent meeting on Wednesday, March 6, 2013.

Print Athlete's Name

Print Parent/Guardian Name

Athlete's Signature

Parent/Guardian Signature

7th & 8th Grade Track Schedule

Chardon Middle School

2013 Season

Revised 2-8-13

Practice starts March 11, 2013

Date	Home/ Away	Opponent	Time	Bus/Field
April 11 Thursday	Home	Mentor Memorial	4:15	XXX
April 16 Tuesday	Away	LaMuth & Eastlake @ LaMuth	4:15	3:15
April 18 Thursday	Away	Geneva @ Spire	4:15	3:00
April 23 Tuesday	Away	Mentor Ridge @ Mentor High School	4:15	3:00
April 25 Thursday	Home	Willoughby	4:15	----
April 30 Tuesday	Away	Eastlake, Mentor Shore, Willowick @ Eastlake North	4:15	3:00
May 7 Tuesday	Home	Madison and Eastlake	4:15	XXX
May 9 Thursday	Home	Mentor Shore	4:15	XXX
May 10 Friday	Away	Willoughby Relays at South High School	4:15	3:00
May 16 Thursday	Home	University and LaMuth	4:15	xxx
May 20 Monday	Away	Girls League Meet @ North High	TBA	TBA
May 21 Tuesday	Away	Boys League Meet @ Mentor High	TBA	TBA

March 2013

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6 <i>Parent-Athlete Mtg.</i> <i>CMS LGIR</i> <i>6 pm</i>	7	8 <i>Shoe Night-Achilles</i> <i>Running Shop</i> <i>6 pm</i>	9
10	11 <i>Practice</i> <i>2:30-4:30</i>	12 <i>No practice</i> <i>Staff Mtg.</i>	13 <i>Practice</i> <i>2:30-4:30</i>	14 <i>Practice</i> <i>2:30-4:30</i>	15 <i>Practice</i> <i>2:30-4:30</i>	16
17	18 <i>Practice</i> <i>2:30-4:30</i>	19 <i>Practice</i> <i>2:30-4:30</i>	20 <i>Practice</i> <i>2:30-4:30</i>	21 <i>Practice</i> <i>2:30-4:30</i>	22 <i>Practice</i> <i>2:30-4:30</i>	23
24	25 <i>Practice</i> <i>2:30-4:30</i>	26 <i>Practice</i> <i>2:30-4:30</i>	27 <i>Practice</i> <i>2:30-4:30</i>	28 <i>No practice</i> <i>Spring Break</i>	29 <i>No practice</i> <i>Spring Break</i>	30
31						

April 2013

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 <i>No practice Spring Break</i>	2 <i>No practice Spring Break</i>	3 <i>No practice Spring Break</i>	4 <i>No practice Spring Break</i>	5 <i>No practice Spring Break</i>	6
7	8 <i>Activity Fee Due Practice 2:30-4:30</i>	9 <i>No practice Staff Mtg.</i>	10 <i>Practice 2:30-4:00</i>	11 <i>Memorial@ Home</i>	12 <i>Practice 2:30-4:30</i>	13
14	15 <i>Practice 2:30-4:00</i>	16 <i>Away@ Riverside</i>	17 <i>Practice 2:30-4:00</i>	18 <i>Away@ SPIRE</i>	19 <i>Practice 2:30-4:30</i>	20
21	22 <i>Practice 2:30-4:00</i>	23 <i>Away@ Mentor HS</i>	24 <i>Practice 2:30-4:00</i>	25 <i>Willoughby @Home</i>	26 <i>Practice 2:30-4:30</i>	27
28	29 <i>Practice 2:30-4:00</i>	30 <i>Away@ North HS</i>				

May 2013

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 <i>Practice</i> 2:30-4:30	2 <i>Practice</i> 2:30-4:30	3 <i>Practice</i> 2:30-4:30	4
5	6 <i>Practice</i> 2:30-4:00	7 <i>Madison & Eastlake@ Home</i>	8 <i>Practice</i> 2:30-4:00	9 <i>Mentor Shore@ Home</i>	10 <i>Away@ Willoughby Relays</i>	11
12	13 <i>Practice</i> 2:30-4:30	14 <i>No practice Staff Mtg.</i>	15 <i>Practice</i> 2:30-4:00 <i>ICE CREAM RUN</i>	16 <i>University & LaMuth@ Home</i>	17 <i>League Meet Practice</i> 2:30-4:30	18
19	20 <i>Girls League Meet @ North HS</i>	21 <i>Boys League Meet@ Mentor HS</i>	22	23	24	25
26	27	28 <i>Track Party</i> 2:30-4:00 <i>(Athletes only)</i>	29	30	31	

Chardon Local Schools
Transportation Release Form

It is the responsibility of the Chardon Local School District to provide transportation to and from all away athletic contests. In the event appropriate school transportation is not desired or not necessary, private automobiles may be driven by school personnel. Under no circumstances will student athletes be permitted to drive to away contests. In special cases, it may be necessary for a student to travel to or from away contests with his/her parent. This may be done only if a direct request has been made by a parent to the supervising coach of the sport and a Transportation Release Form has been filled out and approved by a Building Administrator. This form must be submitted to the supervising coach prior to the away contest.

If you are requesting this alternative, please complete the following form.

ATHLETE'S NAME _____

SPORT _____

DATE OF EVENT _____

I am requesting permission to drive my child to and/or pick up my child from the scheduled athletic event. I assume complete legal responsibility for my child and guarantee that he/she will arrive promptly at the day's athletic event.

Please check the appropriate box:

- I WILL DRIVE MY CHILD TO THE EVENT
- I WILL PICK UP MY CHILD AFTER THE EVENT
- I WILL DRIVE MY CHILD TO AND FROM THE EVENT

For off-site home contests, students may drive their own vehicle. This may be done only if a direct request has been made by a parent to the supervising coach of the sport and a Transportation Release Form has been filled out and approved by a Building Administrator. This form must be submitted to the supervising coach prior to the season. Under no circumstances will student athletes be permitted to drive other student athletes.

- MY CHILD HAS PERMISSION TO DRIVE TO AND FROM OFF-SITE HOME CONTESTS

STUDENT'S SIGNATURE _____

DATE _____

PARENT'S SIGNATURE _____

DATE _____

ADMINISTRATOR'S SIGNATURE _____

DATE _____