ANN ARBOR PUBLIC SCHOOLS SPORTS PARTICIPATION SHEET

PARENT/GUARDIAN SEC	<u>CTION</u>				
STUDENT NAME				GRA	.DE
STREET ADDRESS				ZIP	
PARENT(S)/GUARDIAN N	NAME				
PARENT(S)/GUARDIAN F	E-MAIL				
HOME PHONE WORK/CELL PHONE					
EMERGENCY PHONE					
PERSON AT EMERGENC	Y PHONE				
Does your student have any 2) Asthma, 3) D I hereby give my consent for SCHOOL SPORTS. I give to team and to practice off Schu dental treatment while on a t necessary by a physician or son/daughter is exposing him son/daughter is exposing him son/daughter is expected to a Ann Arbor Public Schools. I or mask-wearing, but all unv permission to AAACTA to u purposes for the program or	Diabetic, 4) See r the above named stude my permission for said ool property. I agree th trip or at practice, I will dentist. I understand th n/herself to the risk of s adhere to all policies of Related to the Covid19 vaccinated participants a use any photos or video	eizures, ent athlete to part student to travel at if it is determi be responsible for at by participatin serious injury. I a his/her coach, pandemic, the Pr are <u>strongly</u> enco	5) Other (s cicipate in on all trips s ned that my or any such g in Sixth C also understa ogram does uraged to w	pecify) _ scheduled child new treatmen Grade Ter and that 1 not requ ear mask	d for his or her eds medical or tt determined nnis, my my _School and the ire vaccination as. I grant
DATE	SIGNATURE	(PARENT OR (GUARDIAN	1)	
STUDENT ATHLETE SEC I, school and sports rules will b myself to the risks of serious coach, DATE	<u>TION</u> , under , under be followed! I understa s injury. I also understa School and the Ann A	rstand that to mal and that by partic and that I am exp arbor Public Scho	ke Sixth Gra ipating in a ected to adh pols.	de Tenni sport I ar ere to the	m exposing e policies of my
Please circle t-shirt size need		(STUDENT AT			
Youth size: 10-12 14 Please return this entire form	4-16 18-20 n to the tennis coach.	Adult size:	S M	L	XL