ANN ARBOR PUBLIC SCHOOLS SPORTS PARTICIPATION SHEET

PARENT/GUARDIAN SECTION

Please return this entire form to the tennis coach.

STUDENT NAME					GRA	DE
STREET ADDRESS					ZIP	
PARENT(S)/GUARDIAN N	NAME					
PARENT(S)/GUARDIAN E	E-MAIL					
HOME PHONE	E PHONE WORK/CELL PHONE					
EMERGENCY PHONE						
PERSON AT EMERGENC	Y PHONE					
Does your student have any	special medical c	onsiderations? 1) Bee	sting alle	rgy_		
2) Asthma, 3) D	Diabetic,	4) Seizures,	5) Other	(spe	cify) _	
for his or her team and to praneeds medical or dental treat treatment determined necess School Sports, my son/daughthat my son/daughter is expeand the Ann Arbor Public School Sports and the Ann Arbor Public School	ement while on a tary by a physician ter is exposing hected to adhere to chools. I grant per	trip or at practice, I wil n or dentist. I understa im/herself to the risk o all policies of his/her or mission to AAACTA	I be respond that by f serious coach, to use any	onsibly part injury phot	e for a cicipate y. I al	any such ing in Ann so understand School
DATE	_ SIGNATURI	E		4.3.7.		
		(PARENT OR (
STUDENT ATHLETE SEC						
I,safe, school and sports rules exposing myself to the risks policies of my coach,	of serious injury.	I also understand that School and the Ann Art	I am exp bor Publi	ected c Sch	to adlools.	here to the
DATE	_ SIGNATURI	STUDENT AT	HLETE)			
Please circle t-shirt size need	led. l-16 18-20	Adult size:		M	L	XL