



Eligibility Form

Date of birth: ___/___/___

Grade: ___

I, _____ am interested in trying out for the _____ team.

I understand the commitment involved in participating on a Mystic Valley Regional Athletic Team. I am aware of, and agree to follow the rules governed by the Student Handbook, the MIAA, and the coach of the program. I understand that failure to follow these rules will lead to disciplinary action. This could include suspension from practices, games or complete dismissal from the team.

I have read the Student Handbook and understand my obligation to follow the rules. If I have any questions, it is my responsibility to ask my coach or the Athletic Director for clarification of any rule.

Student/Athlete Signature

Date

As parent/guardian of the above student, I give my permission to allow him/her to try out for the team. I will support the coach, the Athletic Director and the Mystic Valley Regional Athletic Department in all decisions governing the rules associated with the sport team. I give my consent for the person in authority to seek whatever medical treatment is necessary if my son/daughter is injured and I cannot be reached. **I will provide the school nurse with a copy of my physical within the past 13 months before practices begin.**

Parent/Guardian Signature

Date

My Health Insurance Co. is _____

My Health Insurance Policy Number is _____

My contact information is:

(W) _____ (C) _____

(H) _____ email _____

The above student has had a physical examination and is eligible to try out for the above team.

Date of most recent physical: _____

Nurse's Signature

The above student is academically eligible by MIAA standards. _____

Principal (or Designee) Signature

White - Athletic Director

Yellow - Coach

Pink - Main Office