

CLARK MAGNET HIGH SCHOOL
Student Off Campus Sports Participation Form

STUDENT NAME _____ ID# _____ GR _____
(print)

_____ City _____ Zip Code _____
Student Home Street Address

TO BE COMPLETED BY COACH

Make sure to indicate **TEAM & circle LEVEL**, otherwise we will not be able to program the student

The above named student has made the _____ and _____
Team **Circle Level**
 at _____ High School. (Student's school of residence)

He/she will be under my supervision during the season and until the end of the semester. If there is any change in the student's eligibility, I will contact the Assistant Principal at Clark Magnet High School.

_____ Date _____
Coach's Name (print) Coach's Signature

_____ Date _____
Certificated Coach's Name (print) (For attendance purposes) Certificated Coach's Signature

TO BE COMPLETED BY STUDENT AND PARENT

- As a student, I understand that I am responsible for having my **absences cleared by my parents** both through **the Attendance Offices at Clark Magnet and high school where I play sports.**
- I understand that if I arrive at the other high school before class time, I will report to my assigned coach and not cause any disruption on the campus.
- I know that I will be taking the sports bus at approximately 1:30 p.m. each day. If my sport has an event that requires I leave Clark Magnet before 1:30 p.m., **my parent must call the main office at Clark Magnet High School** to authorize my early release and indicate who will be providing the transportation.
- I understand if I violate these regulations, I will be subject to disciplinary action by either or both schools.
- I understand this is a season long commitment.

_____ Date _____
Student's Signature Stu ID# Sex F/M Grade

- As a parent, I understand the regulations of the Off Campus Sports Participation Agreement and agree to have my student follow them. I also understand that my student will **not** be released for a sporting event before 1:30 p.m. unless I contact the **Clark Magnet office** to authorize early release.

_____ Date _____
Parent/Guardian Name (print) Parent/Guardian Signature

For office use only, Clark Magnet High School:					
GPA Verified _____	Counselor _____	Date _____			
Address verified _____	Dual Enrollment _____	Exl Spreadsheet _____	E-Mail _____	Schedule _____	Printed _____
	Date _____	Add _____	Date _____		