Name:	DOB:	HR:	
MCCAB	E ATHLETIC PERMISSION S	SLIP	
Eligibility			
Eligibility for the current season is detern recent report card or grade check. First from the previous school year as well as continuity in a second second for tryouts.	quarter eligibility will be determ	nined by fourth quarter report o	cards
 Students remain eligible during the season Maintaining all grades at a "C" or h Any student athlete who receives s for the remainder of the season. 	nigher.	Suspension will be deemed ineli	gible
Teachers will inform the athletic director participating in team sports. Such student able to play until all unsatisfactory grades a drop twice during in a season will be de subject to the review and discretion of the	nts will be suspended from partic are improved to a "C" or higher. A eemed ineligible for the remaind	cipating in one game and will no Any student who experiences a g ler of that season. All incidents	ot be grade
Sportsmanship			
 Profanity is prohibited. Courtesy is extended to all involved wit Official rulings are final. Athletes will re District bus rules are in affect while bein Student athletes represent McCabe Sch 	efrain from challenging calls impacting co ng transported to league events.		mes.
Parental Considerations			
 Participation in sports may cause injurie Practice is held at the end of the school The majority of games are played on Friweekends and often during school bread Insurance is required to participate in a office. Concerns involving your child should be Playing time may be limited due to the office. I understand my child might have his/he 	I day and athletes are expected to be pickiday afternoons during school hours. Too aks. athletics. Information concerning secondary brought to the attention of the coach, a competitive nature of Jr. High athletics.	urnaments require participation during lary insurance is also available in the dist	
Circle the current sport you are trying out	for: VOLLEYBALL SOCCER	BASKETBALL SOFTBALL	
Try-out Dates:			
I hereby give permission for my child to partic requiring district transportation. I have instruational with the athletic program. In the enthusian or beginning to render medical services	ucted my child to obey the instruction could be compared to the course of a medical emergency or acceptance of a medical emergency or acceptance of the course of the cour	ons of the coach or other district a	dults

affiliated with the athletic program. In the event of a morphysician or hospital to render medical services to my child a	edical emergency or accident, I hereby authorize any licensed as necessary.
*** All requested information must be provided prior to part	ticipation. A new permission slip is required for each season. ***
Parent Signature:	Relationship to Child:
Home Address:	Parent Phone #:
Insurance Company:	_ Policy #:
Medical Issue:	Inhaler: Yes / No (Circle One)