

**2008 – 2009  
Noble Street College Prep – Athletic Permit Card  
This form must be turned in by July 23<sup>rd</sup> from 8:00AM – 4:30**

**Please Circle (below) those sports in which you wish to participate**

	Boys Sports				Girls Sports			
<b>Fall:</b>	X-Country	Football	Soccer	<b>Fall:</b>	X-Country	Volleyball	Cheerleading	
<b>Winter:</b>	Basketball	X-Country		<b>Winter:</b>	Basketball	X-Country		
<b>Spring:</b>	Baseball	Rugby	X-Country	<b>Spring:</b>	Soccer	Softball	Rugby	X-Country

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Circle Class for 08-09** FR SO JR SR

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
City County State

**Father's Name:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Physician #:** \_\_\_\_\_

**IN AN EMERGENCY CALL:** \_\_\_\_\_  
Name Relationship Phone #

We advise all athletes to be adequately covered by hospitalization insurance. Your signature on this form indicates that you will accept financial responsibility in case of injury to your child sustained in connection with these activities. Please indicate your insurance preference below.

\_\_\_\_\_ We plan to insure our child in the school insurance program.  
 \_\_\_\_\_ We do not wish to purchase the school insurance. We believe that our present accident insurance provides adequate coverage.

**Athletic & Risk Warning Agreement**  
 Noble Street Charter High School Extracurricular Code acts to supplement, no to supplant, Noble Street school disciplinary policies. An athlete in Noble Street Charter High School will be subject to extracurricular disciplinary action if he or she commits any of the following violations:

1. Theft or vandalism of any school property
2. Unsportsmanlike conduct, sexual harassment
3. Use, transfer, sale, distribution, or possession of tobacco (all forms) alcohol, marijuana, steroids, look-a-likes, any other illicit drugs or related paraphernalia, or the abuse of perscription/non-perscription drugs.

Each athlete is responsible for any uniform and/or equipment issued to him/her. Athletes must pay replacement cost for any article lost or damaged by other than ordinary wear and tear.

I have read and understand the athletic agreement as stated.

**Date:** \_\_\_\_\_ **Athlete's Signature:** \_\_\_\_\_

Our son/daughter has our permission to practice and compete in the interscholastic athletic program. We realize that such activity involves the potential for injury, which is inherent in all sport, and on rare occasions a severe injury, including permanent paralysis or death may occur.

**Date:** \_\_\_\_\_ **Parent's Signature:** \_\_\_\_\_

**Physician's Examination - PHYSICAL IS VALID FOR ONE CALENDAR YEAR ONLY**

I have examined this student on this date and find him/her to be physically fit for athletic participation.

\_\_\_\_\_, M.D. \_\_\_\_\_  
 Physician's Signature or stamp is required Date of Physical examination