

Athletic Participation Form

Student Athlete's Name: _____ School Year: 2023-24

Sport: _____ Season date: _____

Name of Regional School: _____

Name of Athletic Director at Regional School: _____

Contact email of Athletic Director above: _____

I, _____, the parent/guardian of the student athlete named above, acknowledge the following:

- I give parental approval for participation in the above-named sport.
- I acknowledge that all requirements for participation mandated by the regional school have been met.

Parent's/Guardian's Signature

Date

I, _____, the student athlete, acknowledge the following:

- I understand that all necessary grade checks will be requested in a timely manner from the MBTA athletic director at mraki@ethompson.org.
- I will not falsify or manipulate any documents or behave in any manner unbecoming of an exemplary athlete.

Student Athlete's Signature

Date