



ATHLETICS PROGRAM

Lordsburg Municipal Schools

Appendix A Student-Athlete/Parent Consent Form

_____/_____/_____
Today's Date

Student-Athlete Name: _____ S.S. # _____-_____-_____

Address: _____

City/State/Zip: _____

Home Phone: _____ Emergency Phone: _____

Grade Level: 7 8 9 10 11 12

Height: _____' _____" Weight: _____ DOB: _____/_____/_____

Please List All Sports You Plan To Participate In: _____

Playing Level: 7th 8th Sub Varsity Varsity Only

Parent Permission/Consent to Participate

I hereby give permission for my child _____ to take a physical for the purpose of participating in athletic activities.

Parent/Guardian Signature