

MARIE MURPHY ATHLETIC PERMIT

Avoca School District 37
2921 Illinois Road
Wilmette, IL 60091

Attention: This athletic permit must be completed in its entirety, including all signatures and the physician's stamp. It must be on file with the coach before a student may participate in any interscholastic athletic contest. No exceptions will be made.

Name _____
Last First
Phone (H) (____) _____
(W) (____) _____
Cell (____) _____

Address _____
Street City Zip

Date of Birth ____/____/____ Health Insurance Provider _____
Month/Day/Year
Parent/Guardian responsible for coverage _____
(Signature)

If we are unable to contact a parent/guardian in an emergency situation, it is important that we have other references such as neighbors and/or relatives who you authorize us to contact.

Name	Address	Telephone	Relationship
_____	_____	(____) _____	_____
_____	_____	(____) _____	_____

Physician _____ Physician Phone (____) _____
(Print Name)

Physician Permission: I have examined this student on this date and find him/her to be physically fit for athletics.

Physician Signature Date Physician Stamp

ATHLETIC PHILOSOPHY AND AGREEMENT

Coaches at Marie Murphy School believe that interscholastic sports should be interesting, wholesome, stimulating and enjoyable for all students. The objectives are to develop fitness, good sports habits, skills and sportsmanship.

To participate in this program, a student needs to keep up with the academic program and follow training rules as set forth by the coaches. A student athlete may be suspended from interscholastic athletics for unacceptable behavior and/or for not putting forth an honest effort in his/her classes. Continued infractions may result in dismissal from the team.

Athlete's represent not just themselves but their families, school and community. An athlete's action should reflect pride in all areas.

We understand and agree to abide by all the provisions of the athletic agreement.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____