



ATHLETE PLAYING ON MULTIPLE SCHOOL SPORTS TEAMS DURING THE SAME SEASON

		7
Student-Athlete: (Full Name)		Grade:
SCH00L:		
TEAM A:		
TEAM B:		
TEAM C:		(if three teams)
By signing below, you understand that by pathlete noted above may be subject to: ✓ an increased level of commitment th increased missed school time increased conflicts with non-s ✓ the possibility of conflicts that result ✓ the possibility of overplaying	at may result in and/or time keeping up with schol school related activities	astic studies
Athlete:	Signature:	
Parent/Guardian:	Signature:	
Coach A:	Signature:	
Coach B:	Signature:	
Coach C:	Signature:	
Athletic Director:	Signature:	
Principal/VP:	Signature:	

This form must be completed and submitted to the school's Athletic Director prior to participation in any NSSSAA league event. The Athletic Director will send to the NSSSAA Coordinator of Athletics. Failure to do so may result in a \$50 fine per instance.