



# Athletic Eligibility & Participation Form



## Student Information

Student Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

## Parent / Guardian Information

Parent/Guardian #1 Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## School Enrollment Status

Is the student currently enrolled at Landrum Middle School (LMS)?

Yes  No

If **YES**,

Current Grade Level:  6th  7th  8th

If **NO**, please indicate the student's educational status (check one):

Homeschooled

Enrolled at another school (please specify): \_\_\_\_\_

School Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_



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### Medical Eligibility

Has the student had a sports physical within the last 12 months?

Yes  No

Date of Physical (if applicable): \_\_\_\_\_

Name of Medical Provider or Facility: \_\_\_\_\_

Does the student have a history of injuries, medical conditions, or restrictions that may affect athletic participation?

No

Yes (please explain below): \_\_\_\_\_

\_\_\_\_\_

### Transportation Acknowledgement

#### Transportation After Practice / Games

I acknowledge that my child will have **reliable transportation home** after all scheduled practices and games once the season begins.

Yes, transportation is arranged for my student

No (student may not participate until transportation is arranged)

### Parent / Guardian Consent & Acknowledgement

I certify that the information provided on this form is accurate and complete to the best of my knowledge. I understand that participation in athletics involves physical activity and risk of injury. I grant permission for my child to participate in Landrum Middle School athletic activities, contingent upon meeting all eligibility and medical requirements.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

### School Use Only

Physical Verified

Enrollment Verified

Eligibility Approved

Coach / Athletic Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_