

	School	Year
Student's Application	on:	
activities. I recognize programs. I will gover extracurricular will bri	my responsibilitien myself so that rendering honor to mysem the team in the	cipating in school sponsored es for participation in sport my connection with activities elf and the school, and I expect to be e event I do not. I am financially o me.
Date of Birth	 Grade	Student's Signature
PHYSICAL EXAMINA	— — — — — — — <u>ATION:</u>	
This student,		, was seen for a
physical examined or	1	and is physically
qualified to participate	e in extracurricula	r activities.
		Physician's Signature

PARENT(S)/GUARDIAN(S)/STUDENT CONSENT:

I request and do hereby give my consent for my child to participate in the Elementary

Home Phone Cell/Work Parent/Guardian Signature

Date Student's Signature

and voluntarily accept and agree to all the above terms.

The Gallup-McKinley County School District recognizes the potential dangers associated with drug and alcohol abuse and physical activity. Parents of student athletes who may be interested in using urinalysis as a method of screening for possible substance use/abuse can request further information from examining physician.