Veazie Community School

1040 School Street Veazie, ME 04401 (207)947-6573 / FAX(207)947-6570

Superintendent of Schools & Principal: Timothy Tweedie



ATHLETIC PARTICIPATION & PARENTAL APPROVAL FORM

Full Name of Student:			Home Telephone:		
This application to compete in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I will honor academic, athletic, and behavior policies of the Veazie Community School.					
Student Signature:			Date:		
activities, excelled he/she is a mer physician of its	pt those crosse mber on any of own choice, ar	ed out below by its local out-of ny emergency i	the physician. (town trips. I aut	pate in all Veazie Comn 2) accompany any scho horize the school to obt it may become reasona	ool team of which ain, through a
Parent or Guardian Signature:					Date:
Address:					

Community Scl	hool sports exc	(Student Nam	e)	r the school year 20	
Baseball	Basketball	Softball	Soccer	Cross Country	Track & Field
Physician Signature:					Date:

		INSU	JRANCE COVE	RAGE	
	e school prior t	o and continuir	ng throughout pa	n in-force health/accide articipation in interschola	
Insurance Company:			Policy Number:		

NOTE: This form must be filled out completely and returned to the school before the student will be allowed to draw equipment, practice, or compete in interscholastic athletics.