

# Abraham Lincoln High School Student Activity Check Off

## Policy 612: Eligibility for Student Activities

I, \_\_\_\_\_ understand the Policy 612: Eligibility for student activities (Good Conduct Policy) & Scholastic Eligibility ( No Pass, No Play policy). I accept responsibility for understanding the information in both policies and agree to abide by the contents.

_____	_____
Student	Date
_____	_____
Parent	Date

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## HEADS UP: Concussions in High School Sports

**IMPORTANT:** Students participating in interscholastic athletics, cheerleading and dance team; and their parent/guardians; must sign the acknowledgment below and return it to school. Students **CANNOT** practice or compete in those activities until this form is signed and returned.

_____	_____	_____
Student's Signature	Date	Student's Printed Name
_____	_____	_____
Parent's/Guardian's Signature	Date	Student's School

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## Parent Permission

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,  
give my permission for he/she to participate in the following sports/activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature      Date