**Player Checklist ’17-’18 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Revised 4/4/16**

 **Sport / Activity**

**On File With Head Coach Prior To First Practice**

|  |  |  |  |  |  |  |  |  |
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| **Student Name****(Alphabetically)** | **Sport / Activity** | **Grade** **6/7/8****9/10/11/12** | **Proof of Residency** | **Physical** | **Consent – Athletic Participation** | **Concussion Page** | **Sudden Cardiac Arrest Page** | **Baseline Test****(Bi-Annual) Show Date**(Basketball, Wrestling, Cheerleading, Soccer, Baseball, Softball, Football, Volleyball) |
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 **Head Coach Signature Date**