

**PARENT'S PERMISSION TO PARTICIPATE IN**  
**INTERSCHOOL ATHLETICS**

DIVISION OF  
PHYSICAL EDUCATIONBALTIMORE CITY  
PUBLIC SCHOOLS

NAME OF STUDENT \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_  
DATE OF BIRTH

ADDRESS IN FULL \_\_\_\_\_ PHONE \_\_\_\_\_

has my permission to participate in interschool

\_\_\_\_\_ representing \_\_\_\_\_  
TYPE OF SPORT NAME OF SCHOOL

It is understood that <sup>he</sup> <sub>she</sub> will be permitted to participate in interscholastic athletics, only after  
<sup>he</sup> <sub>she</sub> has been declared physically fit by a medical doctor.

Insurance \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_  
 or Legal Guardian \_\_\_\_\_

**RECORD OF EQUIPMENT ISSUED**

DESCRIPTION	REFERENCE	DESCRIPTION	REFERENCE
Bag, Duffle _____	_____	Shirts, Hooded _____	_____
Belt _____	_____	Shirts, Sweat _____	_____
Cap _____	_____	Shirt, T _____	_____
Guards, Arm _____	_____	Shoes _____	_____
Guards, Shin _____	_____	Shorts _____	_____
Gloves _____	_____	Socks _____	_____
Helmet _____	_____	Sticks, Lacrosse _____	_____
Jerseys, Game _____	_____	Stockings _____	_____
Jerseys, Practice _____	_____	Skirts _____	_____
Pads, Hip _____	_____	Tights _____	_____
Pads, Knee _____	_____	Trunks _____	_____
Pads, Rib _____	_____	Uniforms _____	_____
Pads, Shoulder _____	_____	Vests _____	_____
Pads, Sliding _____	_____	Warm-Up Jacket _____	_____
Pants, Game _____	_____	Warm-Up Pants _____	_____
Pants, Practice _____	_____	_____	_____
Pants, Sweat _____	_____	_____	_____

I hereby agree to be personally responsible for the care and safekeeping of the  
 above named articles and to return same at the end of season or upon request.

HOME ROOM NO. \_\_\_\_\_

SIGNATURE \_\_\_\_\_