

PARTICIPATION IN (2) DURING (1) SEASON FORM

Date: _____

School Name: _____

Student Athlete: _____

Grade: _____

1. Sport/Level/Position _____

Coach's Signature _____

2. Sport/Level/Position _____

Coach's Signature _____

Athletic Director/Principal:

Print Name:

Signature:

***Date Received in ECIC Office: _____

***This form must be completed, signed, and submitted to the ECIC Office prior to the student athlete's participation.