

CABRILLO HIGH SCHOOL FOOTBALL
SIGNATURE FORM



Please read all information, complete and sign where indicated, and return form to the athletic office.

I understand that directory information regarding my son's/daughter's participation in athletics may be released to the news media for school publicity and I give my permission for release of this directory information.

I also understand that it is often advantageous to be able to illustrate and/or publicize athletics by the use of photographs and/or video tapes of athletes and I give my permission for the school to use such photographs and/or videos of my son/daughter as needed.

I also understand that **before** an athlete may practice or compete in any way they **must**:

- Have a current **physical examination form** on file in the athletic office.
- Have completed an **Emergency Care Card** and returned to the coach.
- Purchased an **Associated Student Body Card** for the current school year.
- Meet all **eligible requirements for age, residence, and scholastics.**
- Have this **Signature Form** completed and on file in the athletic office.
- Have the **"Agreement to Hold Harmless"** form completed and on file in the athletic office
- Have the **"Concussion Information Sheet"** form completed and on file in the athletic office
- Have the **"Athletic/Parent Concern Policy"** form completed and on file in the athletic office

My parents and I have read and understand the "Cabrillo Athletic Training Rules and Regulations" and the team rules and policies of the sport I will be participating in. By signing below, we agree that they are reasonable and, as a Cabrillo High School Athlete, I agree to abide by them.

PRINTED NAME OF STUDENT ATHLETE

FOOTBALL

NAME OF SPORT

SIGNATURE OF STUDENT ATHLETE

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE