Brown City High School

Multi-Sport Athlete Participation Form

School Year: _____

Student Name: _____

Grade: _____

Classification	Sport	Season (ex. fall, winter, spring)
Primary Sport		
Secondary Sport		
Additional Sport(s)		

By signing below, the student-athlete and parent/guardian acknowledge the commitment and expectations involved in participating in multiple sports during the school year. Cooperation and communication between coaches, the athlete, and parents are essential to ensure academic success and athletic balance.

Athletic Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Coach	Sport	Signature
Primary Sport Coach		
Secondary Sport Coach		
Additional Sport(s) Coach		