

8 Quarter Pre-Participation Form

(Freshmen/Sophomores Only)

****To be kept on file at the school and with Conference President****

School: _____ Classification: _____

Conference: _____ Scheduled Date of Game: _____

(Player's Name)

has been designated as an emergency player and can participate in a Junior Varsity and Varsity football game scheduled in the same week. ****Once a player has used all of their allotted 8-
quarters, they must be designated as JV or Varsity for the remainder of the regular
season*****

Number of quarters played to date as an emergency player _____

Parent: _____
(Signature) (Date)

Athletic Director: _____
(Signature) (Date)

Principal: _____
(Signature) (Date)

Medical Statement

I, _____, MD / DO / LAT / PA / NP
(circle one)

have examined the above player following play in the junior varsity game on Thursday and find him/her to be adequately hydrated and void of any injury that would render him/her unfit to play.

(Signature) (Date)