

# 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.

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)