

# Abraham Lincoln High School

## Student Activity Check Off

### Policy 612: Eligibility for Student Activities

I, \_\_\_\_\_ understand the Policy 612: Eligibility for student activities (Good Conduct Policy) & Scholastic Eligibility ( No Pass, No Play policy). I accept responsibility for understanding the information in both policies and agree to abide by the contents.

_____	_____
<b>Student</b>	<b>Date</b>
_____	_____
<b>Parent</b>	<b>Date</b>

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### HEADS UP: Concussions in High School Sports

**IMPORTANT:** Students participating in interscholastic athletics, cheerleading and dance team; and their parent/guardians; must sign the acknowledgment below and return it to school. Students CANNOT practice or compete in those activities until this form is signed and returned.

_____	_____	_____
<b>Student's Signature</b>	<b>Date</b>	<b>Student's Printed Name</b>
_____	_____	_____
<b>Parent's/Guardian's Signature</b>	<b>Date</b>	<b>Student's School</b>

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### Parent Permission

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, give my permission for he/she to participate in the following sports/activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**      **Date**