

South Central District

Athlete Playing on Two Teams Request

This form only needs to be completed if the athlete is playing on BOTH the bantam and the senior team OR junior and senior team

Athlete Name _____

Birthdate _____

Grade _____

Sport _____

School _____

Number of athletes on the Senior Team _____

Number of athletes on the Bantam or Junior Team _____

Any pertinent background:

The signatures below indicate that there is a need for the athlete to compete on two teams to ensure the viability of the program and that there is no academic concern that will be created by the additional participation.

Signatures

Principal _____

Parent _____

Athletic Director _____

Date _____

This form must be completed and sent to the South Central District President before the athlete is eligible to play on both teams.

SCDAA President Approval _____