



# GSMST LOCAL SCHOOL ATHLETICS FORM

**Student Name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**Zoned School:** \_\_\_\_\_

**Participating Sport(s):** \_\_\_\_\_

**Name of Coach:** \_\_\_\_\_

**Parent Name (s):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_

**Season (circle):** Fall or Spring

I, \_\_\_\_\_ (student name) understand that I must remain in good academic standing in order to participate in GHSA athletics. I understand that I may not miss school (8:00-3:00 p.m.) for GHSA games but playoffs and championships are permissible.

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_