 **PARTICIPATION FORM**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GRADE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BIRTH`S DAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_. (MONTH- DAY- YEAR)**

**SPORTS IN WHICH YOU ARE INTERESTED:**

**SOCCER BOYS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SOCCER GIRLS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BOYS BASKETBALL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GIRLS VOLLEYBALL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMMITMENT: I COMMIT TO COMPLY WITH THE NEW RULES OF THE HEALTH AND HYGIENE PROTOCOL ESTABLISHED BY ATHLETICS DEPARTMENT OF SCS IN ORDER TO PARTICIPATE IN THE PRACTICES. ALSO MAINTAIN AN APPROPRIATE BEHAVIOR, RESPECTING THE INSTRUCTIONS OF THE COACHES WITH DISCIPLINE AND GOOD ATTITUDE, UNDERSTANDING THAT IF I DO NOT DO IT SO, I WILL NOT ALLOW TO CONTINUE PARTICIPATING IN THE PRACTICES**.

**PARENT OR GUARDIAN INFORMATION:**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE FATHER / MOTHER/ TUTOR:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**