

SHORELAND LUTHERAN HIGH SCHOOL

ALTERNATE YEAR ATHLETIC PERMISSION FORM

2023-2024 SCHOOL YEAR

Subscriber Member Name (Primary Insured) _____

- Parent/Guardian: If there is any question that this student may not be qualified for athletic competition without, at least a partial re-evaluation, contact your medical advisor before signing form.**

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS ALTERNATE YEAR FORM ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR COMPETITION!