

KMS ATHLETICS TRYOUT APPLICATION FORM 2020-2021

STUDENT ATHLETE NAME: _____

PARENTS'/GUARDIANS' NAMES(S): _____

PARENT/GUARDIANS' EMAIL: _____

PRIMARY PHONE: _____ ALTERNATE PHONE: _____

CURRENT SCHOOL: _____

CURRENT CUMULATIVE GPA: _____ CURRENT GRADE LEVEL: _____

PARENT/STUDENT CONSENT

STUDENT NAME: _____

I, _____, Should I be selected as a KMS athlete, agree to abide by the rules and regulations of the program and to accept direction as necessary. I am always ready and willing to listen and give my best efforts. I also understand that additional rules may be necessary as the team/program develops.

Students Signature: _____ Date: _____

I, _____, Guardian of the above student, support my student in his/her efforts to participate in KMS athletics. I am aware there may be additional cost, mandatory time commitments, rules and regulations of the program. I also understand the additional rules may be necessary as the program develops.

Parent/Guardian Signature: _____ Date: _____