

Gateway High School

Application for Participation Interscholastic Sports

1

To be completed by the Student

Name: _____ Year in School 9 10 11 12

Name of Sport(s) _____

Date of Birth _____ Place of Birth – County _____ State _____

School Attended Last Year _____ Gender M F

Name of doctor _____ Phone _____

Doctor's Address _____
Street, City, State, Zip Code

I _____ hereby apply to participate in Interscholastic Sports at Gateway High School. I agree to abide by the Constitution, Rules and Bylaws of the California Interscholastic Federation and the Gateway High School Student Code of Conduct.

Signature

The Following items are to be submitted:

___ Application (this form)

___ Uniforms (signed in by Athletic Director)

___ Parent Consent and Liability Waiver (2) (signed)

___ Proof of Insurance/Athletic Insurance Cert. Form (signed)

___ Signed Student Code of Conduct

___ San Francisco School Health Form (filled in by Doctor) (2 pgs)

___ Signed Steroid Policy