



APPLICATION FOR A COMMUNITY SCHOOL STUDENT TO PARTICIPATE IN DISTRICT EXTRACURRICULAR ACTIVITIES

LEGAL NAME OF STUDENT: _____ DATE OF BIRTH: _____

LEGAL NAMES OF CUSTODIAL PARENT(S)/GUARDIAN(S): _____

STUDENT'S ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME TELEPHONE: _____ CELL/DAYTIME PHONE: _____

EMAIL ADDRESS: _____

LAST BOWLING GREEN CITY SCHOOL: _____ DATE WITHDRAWN: _____

DATE OF HIGH SCHOOL STUDENT'S ENTRY INTO NINTH GRADE FOR THE FIRST TIME: _____ CURRENT GRADE: _____

REQUIRED FORMS FOR ATHLETIC PARTICIPATION ONLY (GRADES 9-12): (AVAILABLE TO DOWNLOAD AT www.bgcs.k12.oh.us CLICK "DEPARTMENTS" THEN "ATHLETICS - BGHS" SELECT **FINALFORMS**)

- OHIO H.S. ATHLETIC ASSOCIATION PHYSICAL & AUTHORIZATION FORMS FOR ATHLETES IN GRADES 9-12 (ON BGCS WEBSITE)
- EMERGENCY MEDICAL FORM (ON FINALFORMS)
- INTERSCHOLASTIC CONCUSSION INFORMATION SHEET (ON FINALFORMS)

ADDITIONAL REQUIRED FORMS FOR ATHLETIC PARTICIPATION (GRADES 9-12)

COPY OF REPORT CARD WITH GRADES FROM PREVIOUS ACADEMIC QUARTER (NOTE: SEMESTER, EXAM OR FINAL GRADES CANNOT BE USED TO ESTABLISH ACADEMIC ELIGIBILITY)

COPY OF STUDENT'S BIRTH CERTIFICATE

PARTICIPATION APPROVED BY:

JONAS L. SMITH, CAA
BG ATHLETIC DIRECTOR
Phone: (937) 542-4070
Email: jsmith@bgcs.k12.oh.us

DATE APPLICATION APPROVED _____