

# Abraham Lincoln High School Student Activity Check Off

## Policy 612: Eligibility for Student Activities

I, \_\_\_\_\_ understand the Policy 612: Eligibility for student activities (Good Conduct Policy) & Scholastic Eligibility (No Pass, No Play policy). I accept responsibility for understanding the information in both policies and agree to abide by the contents.

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Parent Date

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## HEADS UP: Concussions in High School Sports

IMPORTANT: Students participating in interscholastic athletics, cheerleading and dance team; and their parent/guardians; must sign the acknowledgment below and return it to school. Students CANNOT practice or compete in those activities until this form is signed and returned.

\_\_\_\_\_  
Student's Signature Date Student's Printed Name

\_\_\_\_\_  
Parent's/Guardian's Signature Date Student's School

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## Parent Permission

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,  
give my permission for he/she to participate in the following sports/activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date