

**ELIDA LOCAL SCHOOLS  
TWO SPORT PARTICIPATION  
AGREEMENT FORM**

SCHOOL YEAR \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

SPORT #1 \_\_\_\_\_

SPORT #2 \_\_\_\_\_

\_\_\_\_\_  
SPORT #1 HEAD COACH SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPORT #2 HEAD COACH SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ATHLETIC DIRECTOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**This form must be signed by all of the above.**

**This form will be kept on file in the Athletic Office, with all parties involved receiving a copy.**

