

SAN FRANCISCO UNIFIED SCHOOL DISTRICT
HIGH SCHOOL RELATED STUDENT CONSENT FORM

This form shall be used where a student attending an alternative school seeks to participate in interscholastic athletics for a SFUSD CIF member school. Please note that the student must complete this form. The student must also complete transfer documents if he or she has transferred to the alternative school within the last 12 months. Finally, the student must enroll in and pass one course at the CIF member school to gain and maintain eligibility.

The CIF member school athletic director shall submit this form and all required information below to the SFUSD Athletic Office. The student shall not participate in interscholastic athletics until released by the Commissioner of Athletics.

1. Student Information:

Name: _____

Address: _____ Zip: _____

Current School: _____

Previous SFUSD School Attended: _____

Parent/Guardian: _____

Please list the sports you have played in the past 12 months and the school for which you played:

Sport: _____ School: _____

Sport: _____ School: _____

Sport: _____ School: _____

Sport: _____ School: _____

(list any other sports on an attached sheet)

2. Please submit the following documents to the principal of the alternative school and the principal and athletic director of the CIF member school:

- | | |
|---|------------------------------------|
| _____ current transcript | _____ most recent report card |
| _____ physician's clearance form | _____ parent's consent form |
| _____ anti-steroid agreement from | _____ concussion information sheet |
| _____ address verification (if address is different than address on transcript) | |

3. **Required Signatures:**

Parent/Guardian grant of consent to play at CIF member school:

Signature: _____ Date: _____

Counselor verifying enrollment in one course at CIF member school:

Signature: _____ Date: _____

Athletic Director of CIF member school verifying receipt of required documents:

Signature: _____ Date: _____

Alternative School Principal verifying receipt of required documents:

Signature: _____ Date: _____

CIF Member School Principal verifying receipt of required documents:

Signature: _____ Date: _____

SECTION COMMISSIONER'S ACTION:

_____ This student is released to participate in interscholastic athletics
for _____ High School.

_____ This student is not released to participate in interscholastic athletics
for _____ High School.

Commissioner's Signature

Date