

Long Beach Unified School District
ROBERT A. MILLIKAN HIGH SCHOOL
Office of the Athletic Administrator

PARENT/STUDENT ACKNOWLEDGEMENT/SIGNATURE SHEET

- *I have read, understand and agree to information presented to me on the **Athletic Code***

Parent Signature _____ Student Signature _____

- *I have read, understand, and have provided my child's insurance coverage on both the **Athletic Clearance Card and below:***

Insurance Company _____ Policy No. _____

I am purchasing insurance offered through the Myers-Stevens Insurance Co. Yes _____ No _____

Parent Signature _____

- *I have read, understand, and agree to information presented to me on the **Extracurricular Activity Approval.***

My athlete has my permission to participate in the following sports during the school year 20 _____

Please circle sports:

Badminton	Cross Country	Soccer	Swimming	Volleyball
Baseball	Football	Softball	Tennis	Water Polo
Basketball	Golf		Track	Wrestling

As an athlete representing Millikan High School, I hereby certify that I meet all of the qualifications for eligibility.

Parent Signature _____ Student Signature _____

- *I have read, understand, and agree to information presented to me on the **Warning To Students and Parents clearance form.***

Parent Signature _____ Student Signature _____

Please Print

Name of Student _____

Grade _____

Name of Parent _____

Date _____