Dual Athletics Application 2009-2010

Name:		Date:	
1.	Trimester you plan to particip	ate in dual athletics:	
2.	Graduation Year:	<u> </u>	
3.	Two sports in which you would li	ke to participate:	
4.	Current GPA:		
5.	5. Rationale for participation in dual sports at Fremont Public Schools:		
6.	Primary Sport:	Secondary:	
7.	Coach Signature Primary:		
8.	Coach Signature Secondary:		
9.	High School Principal:		
10.	Director of Athletics:		

*Students who become ineligible because of poor grades for one week forfeit their eligibility for dual sport participation. The Director of Athletics may choose to forfeit the student's eligibility for dual sports participation for other reasons, including but not limited to code of conduct violations, moral/character issues, student workloads.

Copy of Practice and Game Schedule as determined by coaches:				
Signature of Student-Athlete:	Date:			
Parent/Guardian Signature:	Date:			