

Appendix B

PMCA Athletic Department
Dual-Sport Athlete Application
(For participation in two sports during the same season)

Last Name: _____ Grade: _____

First Name: _____

Primary Sport: _____ Secondary Sport: _____

I recognize the commitment I have made to the above named sport programs and the expectations placed on me by my coaches.

Student-Athlete Signature: _____

I approve of my child's participation in the above listed sports. I have discussed with my child's coaches the expectations that will be placed on my child.

Parent/Guardian Signature: _____

I am willing to work with the student-athlete and my coaching colleague to provide an opportunity for this student-athlete to participate as a dual-sport athlete.

Primary Coach: _____

Secondary Coach: _____

**Coaches must compose a practice/game schedule for the athlete indicating where the athlete should be each day.

Approved by Athletic Director: _____ Date: _____

Approved by Head of School: _____ Date: _____

Not Approved (Reason): _____

