
Name

Student #

____/____/____

Birth Date

____/____/____

Entered 6th Date



ARLINGTON MIDDLE SCHOOL ATHLETIC FOLDER CHECKLIST

Before returning the sports packet, please be sure that items 1-5 have been completed and are attached. This is mandatory and must be completed before participating in any sport.

- EL2 Sports Physical, DCPS Pre-Participation Athletic Screening Form** (Good for 365 days)

- EL3 Consent and Release from Liability Certificate**
(Student, Parent, and Coach Signatures required.)

- Verification of Health Insurance Coverage Requirements**
(Signed form and copy of current insurance card must be in folder.)

- Original Birth Certificate Copy on file.**
(Original birth certificate with a raised seal must be verified by AD or Guidance official prior to placing copy in cum folders)

- DCPS Middle School Sportsmanship Contract for each sport participated in.** (Student, Parent, and Coach Signatures required).

Signature: _____

____/____/____
(Date)

Verified by: (circle one) Athletic Director OR Guidance Official