

MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC. MEDICAL HISTORY • To be completed by parent or guardian or 18-year-old. • Must be signed in three places by parent or guardian or 18-year-old.

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FORM A (200M) 04



STUDENT AND PARENT OR GUARDIAN CONSENT FORM

PLEASE PRIN	
COMPLETE LEGAL NAME:	MIDDLE MIDDLE
DATE OF PLACE OF	ry state
BIRTH: BIRTH:	
CIRCLE 7 8 9 GRADE: 10 11 12 SCHOOL:	
STUDENT PARTICI	PATION
This application to participate in athletics	
information submitted is truthful to the best of my kn	
I have never received money or negotiable	
amount, nor any embelmatic award or merchandise	•
(\$25.00) for participating in athletic events, nor have	· ·
name. After I have represented my high school in a outside athletic contest in this sport until after the high	· ·
I understand that I am expected to adhere first of my school district and the Michigan High School previously mentioned above as examples but which district am subject.	l Athletic Association, such as those
X	
SIGNATURE OF STUDENT	DATE
PARENT OR GUARDIAN OR 18-Y	EAR-OLD CONSENT
I hereby give my consent for the above hi interscholastic athletics and understand the po- result from participating in athletic activities accompany the team as a member on its out-of-te	s. He/she has my permission to
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