

**PENNSBURY SCHOOL DISTRICT
DEPARTMENT OF INTERSCHOLASTIC ATHLETICS
TWO SPORT APPLICATION FORM**

Student Information:

Name:
Address:
City:
Phone:
Email:

Parent Request:

I Hereby give my son / daughter permission to participate on the varsity _____
And _____ teams within the _____ season of the _____ school
year.

PARENT / GUARDIAN _____ DATE: _____

Coaches Request:

I request that _____ be granted approval to compete in varsity
_____ and _____ and verify that this individual has
demonstrated a standard of excellence in this sport. All varsity requirements will be followed.

Varsity Coach _____ Date: _____
(Primary Sport)

Varsity Coach: _____ Date: _____
(Secondary Sport)

Administrative Action:

The above named student has/has not been approved to participate in more than one varsity
sport during the same season in accordance with Pennsbury School District Policy.

Principal: _____

Director of Athletics: _____

Superintendent: _____