

TEACHER APPROVAL FOR ATHLETIC PARTICIPATION

I, _____ would like to participate in MLK's Basketball Program for the '22-'23 Winter Season. In order to do this, I need to obtain signatures from all seven of my teachers stating I have demonstrated that I can handle the additional responsibilities associated with being a member of the MLK basketball program, while continuing to maintain good academic standing and core values within the classroom.

Thank You.

Period	Class	Teacher	Signature
1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			

Parent Permission: I give my son/daughter, _____, permission to try out for ____ boys basketball or ____ girls basketball.

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____