



**Middle School Student  
WAIVER for Athletic Participation**

**This form is to be used for a student who is attending Downtown Middle School who would like to participate in athletics at another school within WS/FCS that is NOT their homeschool.**

Students Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Grade \_\_\_\_\_ Sport(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Circle the school you would like to participate in athletics at: **Wiley** **Paisley**

Parent/Guardian Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This section is to be filled out by Downtown Middle School.**

**The student listed above is in good academic and attendance standing at Downtown Middle School.**

Name of person completing the form: \_\_\_\_\_

Position: \_\_\_\_\_

Signature of person completing the form: \_\_\_\_\_

**This section is to be filled out by the school of choice listed above.**

\_\_\_\_\_ acknowledges and accepts the above student at participate in athletics at our school this year.  
(Name of school)

Name of person completing the form: \_\_\_\_\_

Position: \_\_\_\_\_

Signature of person completing the form: \_\_\_\_\_

**Once this form is completed, please email it to Alexis McCoy – amccoy@wsfcs.k12.nc.us**