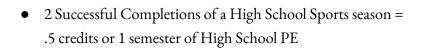
Prescott School District

No 402-37





Student Name:		
Season Date #1:	Season Date #2:	
Sport #1:	Sport #2:	
Head Coach:	Head Coach:	
By signing below we certify that 2 Seasons of High Sc	hool Sports has been completed	<i>l</i> :
Signature of Student:		Date:
Signature of Parent:		Date:
Signature of Head Coach #1:		Date:
Signature of Head Coach #2:		Date: