



LAS VEGAS CITY SCHOOLS  
ATHLETIC DEPARTMENT  
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Las Vegas, NM 87701  
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Juan Carlos Fulgenzi - Athletic Director

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**Appendix A**  
**LAS VEGAS CITY SCHOOLS**  
**Student-Athlete/Parent Consent Form**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Today's Date

Student-Athlete Name: \_\_\_\_\_ School ID # \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Grade Level:    7                    8                    9                    10                    11                    12

Height: \_\_\_\_\_' \_\_\_\_\_"    Weight: \_\_\_\_\_    DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please List All Sports You Plan To Participate In: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Playing Level:            7<sup>th</sup>                    8<sup>th</sup>                    Sub Varsity            Varsity Only

**Parent Permission/Consent to Participate**

I hereby give permission for my child \_\_\_\_\_ to take a physical for the purpose of participating in athletic activities.

\_\_\_\_\_  
Parent/Guardian Signature