## **Independent Lifetime Sports Application (ILS)**

To qualify, student must: (Check if	completed)		
<ul> <li>□ Complete application</li> <li>□ Be on a CIF/DSHS Sports</li> <li>□ Be enrolled in no more th</li> <li>□ Obtain necessary signatur</li> <li>□ Pass 5 of the 6 basic com</li> </ul>	nan 6 other classes	ness test	
Student: please print clearly			
Last:	First:		Middle:
Student ID#:	Student phone (cell):		Grade:
Student Email:			
Parent/Guardian Name:			
Parent Email:	Phone (Cell):	Phone#	(Home):
If accepted I understand that I may	-		
☐ Fall ☐ Winter ☐ Spr  Student Signature	-	rt)  Date	
□ Fall □ Winter □ Spr	ing		
□ Fall □ Winter □ Spr  Student Signature	ing	Date	
☐ Fall ☐ Winter ☐ Spr  Student Signature  Parent/Guardian Signature	ing	Date Date	
☐ Fall ☐ Winter ☐ Spr  Student Signature  Parent/Guardian Signature  Coach Signature	(Please specify spot	Date Date	
☐ Fall ☐ Winter ☐ Spr  Student Signature  Parent/Guardian Signature  Coach Signature  For School Use Only:  APPROVED ☐ Student is approved for enrolled	(Please specify spot	Date Date	oort