

**PENNSBURY SCHOOL DISTRICT  
DEPARTMENT OF INTERSCHOLASTIC ATHLETICS**

**SUPER FROSH APPLICATION FORM**

**Student Information:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Sport: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Request:**

I hereby give my son/daughter, \_\_\_\_\_, permission to practice and try out for the varsity and/or junior varsity team for the \_\_\_\_\_ season.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Coaches Request:**

I request that \_\_\_\_\_ be granted approval to compete in \_\_\_\_\_ on the varsity and/or junior varsity level, and understand that the Super Frosh athlete must compete in the majority of varsity and/or junior varsity events. All letter requirements will be followed.

Varsity Coach \_\_\_\_\_ Date \_\_\_\_\_

**Administrative Action:**

The above named student has/has not been approved to participate in varsity and/or junior varsity sport of \_\_\_\_\_ under the provisions of the PIAA Super Frosh Rule and Pennsbury School District Policy.

Administrative Principal \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Director of Athletics \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_