

Drop/Quit the Team Form

Player's Name: _____

Player's I.D. #: _____

Sport: _____ Level: _____

Date Athlete Left the Team: _____

Player's Locker #: _____

Please check off all of the following that apply:

- If exempted, student was told to return to PE immediately**
- Locker has been emptied**
- Lock has been returned to athletic department**
- Parent(s)/Guardian(s) contacted personally by phone**
- Not necessary to contact Parent(s)/Guardian(s)**
- Date Parent(s)/Guardian(s) were contacted: _____**

***Turn this form in to Peggy Gorman ASAP after the player has left the team.**