



# CASCADE PUBLIC SCHOOLS

**Address:** 321 Central Avenue West • PO Box 529 • Cascade MT 59421

**Phones:** 406-468-9383 • **Fax:** 406-916.5471

**Web:** www.cascade.k12.mt.us

## DUAL ATHLETIC SEASONS FORM

Parent/guardian approval is required for participation in dual athletic seasons. If at any time, a student is participating in multiple school-sponsored activities and more than one activity falls on the same day, the participant will attend and participate in the activity that is a state level competition or qualifying activity (postseason) for future participation. The student/parent/coach understands that students may not start participation in dual sports until the form is completed and filed with the Activities Director and the Activities Director reviews and approves the request. This form must be completed for each overlapping season.

School Year: \_\_\_\_\_ Sports: \_\_\_\_\_

Student name: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Head Coach Sport 1 signature: \_\_\_\_\_ Date: \_\_\_\_\_

Head Coach Sport 2 signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received by Administration: \_\_\_\_\_

Administration Determination:     APPROVE                       DENY

Activities Director Signature: \_\_\_\_\_

**John Rumney**

Board Chairman

**Levi Collins**

Superintendent

**Michael Wilson**

Principal

**Sonja Mazaira**

Dean of Students

**Karsen Floerchinger**

Business Manager

**Jason Raether**

Activities Director

**Armando Romero**

Food Services Director

**Bryan Smith**

Maintenance Director

**Wiley Aker**

Transportation Director



*Badger Pride*