

Salmon River Central School District  
637 County Route 1  
Fort Covington, NY 12937

Shawn Miller  
Athletic Director

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Student's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name of previous school: \_\_\_\_\_

Did you play sports at your previous school? (please circle)      Yes              No

If entering grade 10, 11 or 12 and answered yes to the previous question, please fill out a New Student Athletic Participation form (please request).

Please list sports played: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_