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**Rick Macias**

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Dianne Carrillo – Administrative Secretary

Pueblo City Schools Athletic Waiver Form

Name: \_\_\_\_\_ Grade: 6 7 8 9 10 11 12 School: \_\_\_\_\_

Season: Fall Winter Spring Sport: \_\_\_\_\_

My child **qualifies for free/reduced meals** and is on record through the PCS Nutritional Services Program, and is therefore exempt from any athletic fees. Yes No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form directly to the Athletic Office in a sealed envelope. All forms will be kept confidential.**