Date: [Insert Date]

To: [Parent/Guardian Name]
Student Name: [Student Name]
Student ID: [Student ID Number]

Subject: Advisory of Restricted Athletic Participation

Dear [Parent/Guardian Name],

This letter is to formally advise you that [Student Name] has been placed on restricted athletic participation effective [Start Date].

This decision is based on the following reason(s):

- [List Reason: e.g., Medical clearance requirements, Academic eligibility, Disciplinary action, etc.]

Restriction Details:

During this period, the student is permitted to: [e.g., Attend meetings, non-contact drills].

The student is currently prohibited from: [e.g., Competitive games, full-contact practice, travel with the team].

Requirements for Reinstatement:

To return to full athletic participation, the following criteria must be met:

1. [Requirement 1: e.g., Submit a physician's release form]
2. [Requirement 2: e.g., Meet minimum GPA requirements]
3. [Requirement 3: e.g., Complete mandatory cooling-off period]

Please submit all necessary documentation to the [Athletic Department/School Office]. Once the requirements are verified, you will receive written notification regarding the student's return to full status.

If you have any questions regarding this advisory, please contact [Name/Department] at [Phone Number/Email Address].

Sincerely,

[Signature]
[Printed Name]
[Title/Position]
[School Name]