

ATHLETIC CODE CONTRACT FOR HUDSONVILLE PUBLIC SCHOOLS

TO BE COMPLETED BY STUDENT AND A PARENT

This contract must be signed by the athlete and parent/guardian prior to participation in the interscholastic athletic program.

STUDENT FORM:

I understand that participation in the Hudsonville High School Athletic Program Is a privilege that is earned through continuous hard work in the classroom and in practice through adherence to the high standards of conduct outline in the Athletic Code. I have received and am aware of the high school rules and procedures as stated in the High School Athletic handbook, and agree to abide by them.

Student signature (PLEASE PRINT) date grade

PARENT/GUIDIAN FORM:

As parents/guardians, we commit to modeling good sportsmanship to our athletes, coaches, opponents, and game officials. *We agree to help enforce the expectations of the Athletic code with our athlete and agree to report any violations should they occur, of the Athletic Code by our athlete.* We have received and are aware of the high school rules and procedures stated in the Hudsonville High School Athletic Handbook and give permission for our son/daughter to participate in Hudsonville High interscholastic athletics.

Parent/Guardian signature date phone

Address zip

INSURANCE WAIVER FORM TO BE COMPLETED BY PARENT OR GUARDIAN

Our son/daughter is covered under an insurance company and does not need the insurance plan offered by Hudsonville Public Schools. (First Agency) I take full responsibility for their accident insurance required for athletic participation.

Student Name _____

Family Insurance Co. _____

Contract # _____

Signature of parent or guardian _____

*Information regarding the First Agency school insurance is available in the Athletic Department Office.

☐ I do not authorize any image of _____ to be
(STUDENT NAME)
released to the media or disclosure of any directory information.