

MAYFIELD CENTRAL SCHOOL ATHLETIC POLICY
STUDENT RESPONSE and PARENT/ GUARDIAN PERMISSION

Please read the regulations governing athletic participation prior to signing this form. Student athletes must return completed forms to their coaches before the third team practice session. Players lacking completed forms will not be able to participate until forms are returned. (Please print or type)

Name of student _____ Grade _____ Date of birth _____

Address _____

Telephone (home) _____ (work) _____

Year entered ninth grade _____ Team and level _____

Student: My signature indicates that I have received, read and agree to abide by the regulations governing interscholastic athletics. I further acknowledge that I understand the rules and consequences pertaining to tobacco, alcohol and drugs.

Student signature Date

Parent(s)/Guardian(s): My/our signature(s) indicate the following:

- We have received a copy of the regulations governing interscholastic athletics.
- We give our son or daughter permission to participate in the athletic program.
- We understand the rules and consequences pertaining to tobacco, alcohol and drugs.
- We will call the school and ask to have coaches return our calls when we wish to discuss any situation or concern. We will refrain from discussing concerns with officials and with coaches and players of both teams prior to, during or immediately following contests.

Parent/Guardian signature(s) Date