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 cla high standards of conduct outline in the Athletic school rules and procedures as stated in the High them.	assroom and in practi Code. I have receive	ce through adherence to the ed and am aware of the high
Student signature (PLEASE PRINT)	date	grade
PARENT/GUARDIAN FORM: As parents/guardians, we commit to modeling go opponents, and game officials. We agree to help our athlete and agree to report any violations she athlete. We have received and are aware of the Hudsonville High School Athletic Handbook and participate in Hudsonville High interscholastic at	enforce the expectate ould they occur, of the high school rules and give permission for	ions of the Athletic code with the Athletic Code by our procedures stated in the
Parent/Guardian signature	date	phone
Address ***********************************	* * * * * * * * * * * * * * * * * * *	zip * * * * * * * * * *
TO BE COMPLETED BY P		RDIAN
Our son/daughter is covered under an insurance of offered by Hudsonville Public Schools. (First Aginsurance required for athletic participation.		
Student Name		
Family Insurance Co.		
Contract #		
Signature of parent or guardian		
*Information regarding the First Agency school insura	ance 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 a		mation.