

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 _____ Date _____ Grade _____

PARENT/GUARDIAN 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 (PLEASE PRINT) _____

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 released to the
(Student's Name)
media or disclosure of any directory information.