

**STUDENT/PARENT CO-CURRICULAR and EXTRA-CURRICULAR
ACKNOWLEDGEMENT FORM**

**THIS FORM MUST BE SIGNED AND RETURNED TO THE COACH/ADVISOR
BY THE FIRST DAY OF PRACTICE**

**FAILURE TO RETURN THIS FORM WILL RESULT IN THE STUDENT
NOT BEING PERMITTED TO PARTICIPATE IN THE ACTIVITY.**

We, the undersigned, have read and understand the Student CODE OF RESPONSIBILITIES governing the operation of the co-curricular activity in which participation is desired. We understand that any violations of these policies will result in the school taking action against the student as stated in the code.

We have also read the Coach's/Advisor's Rules and understand that the coach/advisor has the authority to exercise disciplinary measures against any member of the activity found to be in violation of these rules.

STUDENT _____ ACTIVITY _____
Please Print

STUDENT SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____