

HEUVELTON CENTRAL SCHOOL DISTRICT
INTERSCHOLASTIC ATHLETIC DEPARTMENT

CONSENT FORM FOR ATHLETIC PARTICIPATION

Student Name _____

Sport _____ Level: _____ Varsity _____ Junior Varsity _____ Modified _____

I, the parent (guardian) of the above named student hereby give my consent to participate in the above named activity. I have read and understand the contract for interscholastic athletics and have reviewed the student/athletic behavior code with my son/daughter. We understand that participation in this activity is voluntary, and understand the responsibilities involved within the athletic program.

Parent/Guardian
Signature _____ Date _____

Student/Athlete
Signature _____ Date _____

WHITE - Coach

YELLOW - Athletic Director

PINK - Parent