

**\*\*PLEASE COMPLETE THIS FORM AND RETURN TO THE MAIN OFFICE\*\***



## **Student/Parent Handbook for Athletics Signature Page**



I have read the entire Student/Parent Handbook for Athletics, and I understand what is expected of me as a student-athlete. I agree to follow all policies in this handbook, and I promise to always represent my school in a positive manner. I understand that any violation of this handbook will result in consequences.

Additionally, I have read the Viking Athletic Code of Conduct. I understand that any violation of the Code can and will result in suspension from athletics. I also understand that this Code is in effect 24 hours a day, 7 days a week, 12 months a year, both inside and outside of school and/or school related activities.

Student Name (Print): \_\_\_\_\_ Grade: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Please be sure to sign and return the inherent risk waiver and the sports medicine consent and acknowledgement forms as well*