

WILSON CENTRAL HIGH SCHOOL ATHLETICS

Athlete's Printed Name _____ Athlete's Grade as of September of Current Year _____

Anticipated Sports: Fall _____ Winter _____ Spring _____

THIS SIGNED AFFIDAVIT MUST BE ON FILE IN THE ATHLETIC OFFICE AT THE BEGINNING OF EACH SCHOOL YEAR

To the Student-Athlete: *I have read and I will follow the Code of Conduct and the Eligibility Rules for participants and clearly understand the penalties for Training Rule violations, twentyfour-seven, three hundred and sixty-five days per year.*

(Print) Athlete's Name Athlete's Signature ____/____/____
Date

To the Parent/Guardian: *I have read and I will follow the Code of Conduct discussed with my child's responsibility regarding the Eligibility Rules and regulations and we clearly understand the penalties for Training Rule violations, twentyfour-seven, three hundred and sixty-five days per year.*

(Print) Parent/Guardian Name ____/____/____
Date

✓ [] I attended the Athletic Orientation

✓ [] I viewed the Athletic Orientation DVD

Parent/Guardian Signature

Failure to return the signed affidavit may delay your son or daughter's participation in our Interscholastic Sports program.

For office use only

Signed affidavit received on ____/____/____

[This affidavit will remain on file in the Athletic for the current fiscal school year]