

ERSKINE ACADEMY



PARENT / STUDENT PERMISSION - CONTRACT

My son/daughter	has my permission to participate in	athletics during the following
athletic seasons at Erskine Academy. <mark>1</mark>	his includes permission for him/her to be tra	ansported to and from school
sponsored co-curricular activities in tra	nsportation provided by the school. Please	circle the activities that your child
will be participating in this year	(year)	
FALL	WINTER	SPRING
Cross Country	Basketball	Baseball
Field Hockey	Cheering	Lacrosse
Soccer	Indoor Track	Softball
Golf	Swimming	Tennis
	Wrestling	Track
	Ice Hockey	
Name of Student:	Date of Birth:	
Address:		
Parents Phone: (h)	(w) (c)	
	Phone:	
Hospital Desired:		
	has my permissior	
transportation if necessary), decisions authorization is currently in effect. I fur to be aware of all the rules, regulations Athletic Participation. The Erskine Academy Rule the Erskine Academy were "Athletics". If you do not	behalf with respect to any required immedia and consents. Notice is hereby given to an ther acknowledge that it is the responsibility s, and provisions set forth in the Erskine Ac ales and Regulations for Athletic Particip bsite: http://www.erskineacademy.org und thave access to the online information, a ill be provided by the Coach or Athletic L	y medical personnel that this y of the parent and student-athlete ademy Rules and Regulations for ation in is available on ader link "Activities", a written copy of the
<u>Kales and Kegaladons w</u>	in be provided by the odden of Atmetic L	<u>sirector.</u>
I, the parent/guardian, have read and regulations published in the Rules and	understand, and will fully support the enford d Regulations handbook.	ement of the rules and
Parent's Name (print)	Parent's Signature	Date
I, the undersigned, have read and fully abide by them.	understand the Rules and Regulations h	andbook and agree to
Student's Name (print)	Student's Signature	Date