PARENTAL PERMISSION TO PARTICIPATE
AND
STUDENT ATHLETE ACKNOWLEDGMENT OF CONTRACT

**Please Note: The Malone Central School District Interscholastic Athletics Policies and Procedures are available on the Franklin Academy website (www.malonecsd.org, Schools, Franklin Academy, More, Athletics and PE). Please review the document prior to signing this form.

Athletic Activity: _____
                                          (sport)

I, _____being the parent or guardian of
                          (parent/guardian)

_____
                          (student-athlete)

recognize that interscholastic sports involve risk of injury, which on occasion could be serious to the participant and in rare cases, could result in death. The school does have accident insurance; however, all expenses incurred must first be submitted to the parents' insurance company for payment. Any balance will then be submitted to the school insurance program. In case of an accident, coaches and other school personnel are hereby authorized to provide first aid and arrange for such other emergency treatment they consider necessary.

I have read the Malone Central School District's Alcohol, Tobacco and Illegal Drug Policy. I have been informed that the Malone Central School District Interscholastic Athletic Policies and Procedures are available on the Malone Central School District website (www.malonecsd.org, Schools, Franklin Academy, More, Athletics & PE). I have discussed the importance of following the rules with my child, and agree that my child will abide by them. I grant permission for my child to participate in the Malone Central School District Interscholastic Athletic Program.

Athletic Year: August 2019 through June 2020

Signature of Parent/Guardian _____

Date: _____

I have read the Malone Central School District's Alcohol. Tobacco and Illegal Drug Policy. I have been informed that the Malone Central School District Interscholastic Athletic Policies and Procedures are available on the Malone Central School District website (www.malonecsd.org, Schools, Franklin Academy, More, Athletics & PE). I understand the expectations and agree to abide by them.

Signature of Student Athlete _____

Date: _____

Student's Date of Birth _____

Year that student entered 9th grade (CIRCLE ONE):

September   2016   2017   2018   2019   **OR**   8th grader   7th grader

Other (please specify) _____

Anticipated year of Graduation from High School _____

(OVER)