

GREENVILLE PARENT/ATHLETE PLEDGE FORM

Student: _____ (please print)

Grade: _____

Attendance:

We know that the Middle School and High School days begin at 8:12am. All student-athletes should be in school from the beginning of the day until the end of the day in order to participate in the athletic program. Students-athletes must participate in physical education classes to participate in athletics.

Handbook:

We have received, read and understand the procedures and expectations set forth in the Parent/Student – Athlete Handbook, located on the school website at www.greenville.k12.ny.us (click on Athletics). We pledge to honor all terms of the Greenville Central School Districts Code of Conduct and Parent/Student – Athlete Handbook.

Sportsmanship:

We have received, read and understand the Section 2 Sportsmanship Policy, located in the Parent/Student – Athlete Handbook, *Appendix B*. We agree to abide by it and exhibit appropriate sportsmanship at home and away contests.

Student’s Pledge:

I have received a copy of the Student’s Pledge and agree to be tobacco, alcohol and drug free. As an athlete, I agree to abide by all rules regarding the use of drugs. I understand that drug addiction is a disease and, even though it may be treatable, it has serious physical and emotional effects – effects that would hurt me, my family, my team and my school. Given the serious dangers of drug use, I accept and pledge to follow all rules and laws established by my school, team and community regarding the use of drugs.

Athletic Injury Warning Statement:

Participation by a student in athletic activities involves some degree of risk of physical injury. Such physical injury can occur in any type of sport activity, be it a collision, contact, or non-contact sport. Furthermore, many injuries are truly accidental in nature and involve no negligence by anyone, including a student. By voluntarily participating in a school sponsored athletic activity, a student and his/her parent(s) assume the risk for injuries that occur.

Insurance Coverage:

We understand that the insurance coverage provided by Greenville Central School District is a secondary, non-duplicating coverage and is not intended to cover the total cost of necessary medical treatment.

Concussion Fact Sheet:

We acknowledge receipt of the Heads Up Concussion in High School Sports Parent Fact Sheet located in the Parent/Student – Athlete Handbook, *Appendix E*. The New York State Education Department requires each school district to have a concussion management policy. The Greenville Concussion Management Policy is located in the Parent/Student – Athlete Handbook, *Appendix D*. We understand that student athletes diagnosed with a concussion must complete a 5-Phase Return to Play protocol once cleared by a physician.

Your signature below indicates your receipt and understanding of the documents for participation in the interscholastic athletic program here at Greenville and you agree to conduct yourself in accordance with them. Signing also indicates that you have read and understand the Athletic Injury Warning Statement.

Athlete’s Signature: _____

Date: _____

Parent/Guardian’s Signature: _____

Date: _____

RETURN THIS FORM TO THE ATHLETIC OFFICE. THIS FORM WILL BE COMPLETED ONCE PER SCHOOL YEAR - COVERING ALL SPORTS