

# 2016-17 EXTRA-CURRICULAR CONTRACT

THIS FORM MUST BE RETURNED PRIOR TO PARTICIPATING IN ALL EXTRACURRICULAR ACTIVITIES

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Name of Student

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Name of Parent / Guardian

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Address

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Phone

Date of Birth

Grade

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Date Entered 9<sup>th</sup> Grade

Date of Physical

I/we have carefully read, understand and do agree to abide by the rules and regulations of the extracurricular program. While I/we expect school authorities to exercise reasonable precaution to avoid injury. I/we realize that there is a risk of injury that is inherent in all sports/activities. I/we realize that this risk may be severe, including disability, paralysis, or even death. To the best of our knowledge, there is no physical condition that would prevent our son's / daughter's participation in any school activity.

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Signature of Parent / Guardian

Date

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Signature of Student

Date