



HAYWARD HIGH SCHOOL
2016-17 Athletic Season Signature Form

Athlete's Name: _____
(Please PRINT legibly)

Grade: _____

Parent/Guardian Name: _____

Sports: _____

The following forms must be completed, signed and returned to either the coach or the High School office:

1. The physical form OR alternate year form (student cannot participate until this is completed)
2. The athletic emergency form if you did not check the "same as last year" box below
3. This signature form indicating that you have read the attached packet of information and agree to the rules/policies, etc.
4. Athletic fee of \$25 per sport

Please return all required forms and the sport fee at the same time, if possible.

=====

I have read and agree with the information in this packet (please check each):

	Parent/Guardian	Student
Athletic Student Code of Conduct	<input type="checkbox"/>	<input type="checkbox"/>
Concussion- Parent/Athlete Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Consent for Medical Treatment & Release	<input type="checkbox"/>	<input type="checkbox"/>
Parental Insurance Waiver, Internet/Photo Release & W.I.A.A. Athletic Eligibility Bulletin	<input type="checkbox"/>	<input type="checkbox"/>
Athletic Notification for Emergency/Illness	<input type="checkbox"/>	<input type="checkbox"/>

Same as last year

Parent Signature

Student Signature

Date