

PARENT / ATHLETE ACKNOWLEDGMENT FORM

PLEASE DETACH, FILL OUT, AND RETURN THIS FORM TO THE
ATHLETIC OFFICE



I have read, understand and will follow the procedures, policies and
responsibilities as outlined in the WASD Athletic Handbook.

Students Name _____

Students Signature _____

Date Signed _____

Parent/Guardian Name _____

Parent/Guardian's Signature _____

Date Signed _____

Athletic Team _____

Coach _____