



WARREN WOODS PUBLIC SCHOOLS ATHLETICS

Student Participation Contract

I, _____, have chosen to participate in the athletic program at Warren Woods Tower High School.

I commit myself to continuously working toward the goal of top physical fitness. To do anything which would harm my body would not be in my best interest or the best interest of my team and school.

As a member of the Warren Woods Tower Athletic Program, I agree to remain free from tobacco, alcohol and other drugs. I fully understand this pledge extends to seven (7) days per week.

I realize there will be consequences for breaking this contract, but I understand help will be available through the coaches, counseling, and/or administrative services.

I have read and understand the athletic policies and the consequences for violation of these policies. I pledge to keep all rules and policies and to help all of my teammates abide by the same athletic rules and policies.



Student Signature



Date

As the parent/guardian of _____, I understand and support this contract and pledge my son/daughter has signed. Optimum health is the goal of our athletic program and I support the school system in its efforts to attain this goal.



Parent/guardian signature/Date

Coach's Signature/Date