

**Alexander Hamilton High School  
Athletic Parental Consent Form**

**Students Name:** \_\_\_\_\_

I give my consent for my son/daughter to participate in \_\_\_\_\_ sponsored by Alexander Hamilton High School. I also grant permission for my son/daughter to participate in the scheduled trips as a member of the aforementioned team.

I realize that there is a risk of injury which is inherent in all sports participation. I also realize that this risk may be severe, and may include the risk of fractures, brain injuries, paralysis or even death.

My parental consent is effective for the 2011-12 school year for the above mentioned sport only.

I am aware that all athletic uniforms and equipment are purchased by the Board of Education, and issued to the student athlete in good faith. Such items are expensive and are purchased to provide maximum protection, service, and a positive appearance for the wearer. Every effort is made by the school to prevent loss or unnecessary damage to uniforms and equipment. I realize that the acceptance of an athletic uniform, and/or equipment by my son/daughter carries a financial responsibility in the event of loss, theft or damage due to carelessness.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

**Alexander Hamilton High School  
Athletic Pledge**

I, as a member of an Alexander Hamilton High School Athletic Team, do hereby agree to the following.

1. I will not use tobacco in any form.
2. I will not use drugs in any form unless prescribed by a physician.
3. I will not consume alcoholic beverages.
4. I will endeavor to be in top physical condition.
5. I will try to set a good example in school, and in the community.
6. I will conduct myself with good sportsmanship both on, and off the playing field.
7. I will properly care for the athletic uniforms, and equipment issued to me.
8. I will endeavor to strive for academic excellence.

With the signing of this pledge, I understand, agree to, and will abide by the above rules and regulations.

Signature of Student-Athlete: \_\_\_\_\_  
Date: \_\_\_\_\_

Dear Parent or Guardian:

The above is an Athletic Pledge we have asked your child to abide by during the sport season in which he/she participates.

We are asking you to sign below, indicating that you are aware of the Alexander Hamilton High School Pledge.

Signature of Parent or Guardian: \_\_\_\_\_  
Date: \_\_\_\_\_

**over >>>**