Warwick Valley Central School District
Interscholastic Athletics

Parent's or Guardian's Permission and Code of Conduct Compliance

I acknowledge that I have read the **Warwick Valley Central School District Student Code of Conduct for Extracurricular Activities, Cocurricular Activities and Interscholastic Sports** and agree to comply with the Code in letter and spirit.

_____ _____

**Student Signature Date

I hereby give consent for my son/ daughter to engage in approved athletic activities as a representative of Warwick Valley Central School District, and I also give consent for my son/ daughter to accompany the team as a member on its away trips.

I acknowledge that I have read the **Student Code of Conduct for Extracurricular Activities, Cocurricular Activities and Interscholastic Sports** for participation in the Warwick Valley Central School District Athletics and agree to encourage my son/daughter to comply with the Code in letter and spirit.

_____ _____

Parent/Guardian Signature Date

**This signifies official notification that the above student is participating in athletics.

Adopted: June 18, 2007, effective July 1, 2007

Emergency Information and Parent Guardian Consent Card

Athletes Name _____ Date of Birth _____

Athletes Address _____ Grade _____

Home Phone _____ Parent Cell Phone _____

Allergies to Medication: _____

Name and Phone of other responsible individuals if parent cannot be reached.

1. _____ Home Phone _____ Cell _____

2. _____ Home Phone _____ Cell _____

In case of emergency I give authorization for emergency care and transport of my child.

Parent/ Guardian Signature _____ Date _____