

# PERU CENTRAL SCHOOL DISTRICT

## Athletic Department Office

P.O. Box 68 | 17 School Street | Peru, New York 12972 | Phone: 518-643-6300 | Fax: 518-518-643-6023

### STUDENT ATHLETE CONTRACT

**To the Parent/Guardian:** The following is an Agreement to the Athletic Handbook, An Awareness of Risk and Insurance Procedures, and Permission to Participate Agreement.

**To the Student:** This is a Student Athletic Handbook Agreement.

### A PARENT AND STUDENT ATHLETIC HANDBOOK AGREEMENT

This form must be returned to your coach within 5-days after your first practice. Please indicate which sport your student participates in \_\_\_\_\_.

**Agreement to Contract:** I, \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_, by signing this agreement, recognize that it is an honor and a privilege to represent the Peru School District and its Interscholastic Sports Program. By accepting this honor, my son/daughter and I will accept the responsibilities that go with it. These responsibilities include abiding by the rules for behavior set forth and any additional rules as set forth by the Athletic Department, Board of Education, Champlain Valley Athletic conference (CVAC) and the New York State Public High School Athletic Association (NYSPHAA, Inc.)

**Insurance Awareness:** I also recognize that interscholastic sports involve *risk of injury* to the participant, which on occasion could be *serious*. The school does have accidental insurance, however, all expenses incurred must first be submitted to the parents' insurance company for payment. Any balance will then be submitted to the school insurance program. In case of an accident, coaches and other school personnel are *hereby authorized* to provide first aid and arrange for such other emergency treatment they consider necessary.

**Permission to Participate:** I have read a copy of the Athletic Handbook and I understand it. I have discussed the program and the importance of following the rules with my son/daughter. I agree that my student athlete will abide by the rules and grant permission for him/her to participate in the Interscholastic Sports Program of the Peru Central School District.

\_\_\_\_\_  
Athletic Year

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Student Agreement:** I have read the Athletic Handbook, I understand the requirements, and agree that I am subject to the rules and policies set forth.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date



SCOTT STORMS  
Superintendent of Schools

SHANNON PITCHER-BOYEA  
Assistant Superintendent

AMIE MARSHALL  
Athletic Coordinator