

**GRAND ISLAND CENTRAL SCHOOL DISTRICT
ATHLETIC DEPARTMENT
1100 Ransom Road Grand Island, NY 14072
Phone: (716) 773-8820 Fax: (716) 773-3399**

Student Name: _____ School Year: _____

Part I - Athletic and Extracurricular Code of Conduct Agreement

We, the parents/legal guardian of an athlete/extracurricular club member in the Grand Island Central School District, understand our child's/my role in accepting responsibility and the consequences for inappropriate actions. We/I understand that as an athlete/or member of an extracurricular club or activity our child/I will be held to a high standard. We/I have read the Grand Island Central School District Athlete/Extracurricular Agreement and will support the rules as set forth. We pledge that our student is a bona fide student in the Grand Island Central School District and that he/she resides in said district. We/I also have been made aware of the Niagara Frontier League's Academic Eligibility policies and agree to support those rules. (See Athletic Agreement/District Calendar/HS Student-Parent Handbook).

Parent/Guardian Initial Student Initial Date

Part II - Duty to Warn, Inherent Risks Involved in Interscholastic Sports, Consent to Treat

As the Parent/legal guardian of the above named student athlete, who attends Grand Island Middle/High School, we hereby state that we understand that participation in sports involves rigorous physical activity and risks of physical injury, and we assume these risks. We understand the inherent risks involved in participation which may lead to serious injury. Should the student athlete's physical or medical situation change, I agree to notify the school district authorities. I hereby grant the permission of the school district and their duly authorized representatives to consent to first aid, emergency medical care and all other medical or surgical care they deem reasonably necessary to the health and well being of my son/daughter listed above. Also, when necessary for executing such care, I grant permission for transportation to hospitalization at an accredited hospital. That transportation may in some instances include private automobiles.

Parent/Guardian Initial Student Initial Date

Part III - Release of Date, Statistics, Jersey Numbers, Rosters, and Photographs

I hereby grant permission of the coaching staff and Athletic Department to release sports related data relevant to our son/daughter's team or individual accomplishments. The data that may be released may include sport specific statistics, jersey numbers, height and weight, grade level, and photographs of our son/daughter participating.

Parent/Guardian Initial Student Initial Date

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____