PHS ATHLETIC /ACTIVITIES

Department

1978 E. 4th Street, Pittsburg KS, 66762 - Phone: 620-235-3200 Fax: 620-235-3210

PHS STUDENTS ONLY

Dear Parent & Student:

The purpose of this verification agreement is to make clear to team members and their parents/guardians what is expected during the athletic/activity season at Pittsburg High School. The burden of meeting these expectations is on the student/athlete and his or her parents/guardians. The student/athlete and his/her parents or guardians are responsible for obeying and meeting the fore mentioned expectations.

We have had an opportunity to read the rules and policies set by Pittsburg High School in accordance with the Kansas State High School Activity Association and have been explained to us. We fully understand the contents and have had the opportunity to ask questions. We are in complete agreement and will uphold the philosophy, policies, procedures and schedule. Failure to do so may result in disciplinary action as determined by Pittsburg High School Administration. We understand that Administration of Pittsburg High School reserves the right to make changes and corrections in the rules and policies.

I have accessed the following documents and my signature certifies my approval, permission and consent to the expectations as specified in each document.

- **Pittsburg Athletic/Activity Handbook**
- **Liability Release - Emergency Medical Authorization Consent**
- **USD 250 Drug and Alcohol Abuse Policy**
- **Urinalysis Drug Testing Consent**

_____	_____	_____
Student - Print Name	**Student - Signature**	**Date**
_____	_____	_____
Parent/Guardian - Print Name	**Parent/Guardian - Signature**	**Date**