

GREATER AMSTERDAM SCHOOL DISTRICT ATHLETIC DEPARTMENT STUDENT AFFIDAVIT

Student/Athlete Name: _____

Sport: _____ Level: _____ Date: _____

Student/Athlete Acknowledges:

I wish to try-out and/or participate in school sponsored interscholastic athletics. I have read the Greater Amsterdam School District Athletic Code and agree to follow the standards of conduct and procedures contained therein as a condition of my participation in interscholastic athletics' at Amsterdam High School. I understand that if I violate the Athletic Code's standards of conduct that I will; be subject to penalty as provided in the athletic Code, including exclusion from the opportunity to participate in interscholastic athletics.

Parents Acknowledge:

I agree to permit my son/daughter to try-out and/or participate in school-sponsored interscholastic athletics. I have read the Greater Amsterdam School District Athletic Code and agree to support the standards of conduct and procedures contained therein as a condition of my son/daughter's participation in interscholastic athletics Amsterdam High School. I understand that if my son/daughter violates the Athletic Code's standard of conduct that he/she will be subject to penalty as provided in the Athletic Code, including exclusion from the opportunity to participate in interscholastic athletics.

Athlete's Signature: _____

Parent's Signature: _____

Coach's Signature: _____