

**LAKE-LEHMAN SCHOOL DISTRICT
ATHLETIC CODE OF CONDUCT
SIGNATURE PAGE**

I have read the Lake-Lehman School District's Athletic Code of Conduct. I understand the rules; I understand the consequences of not following rules, and as a member of the Lake-Lehman School District I am willing to abide by these.

Please return all forms signed and dated to your head coach. You will not be allowed to practice until all forms are completed and given to your coach.

Sport _____

(Date)

(Athlete's Signature)

(Date)

(Parent's Signature)

I, _____, do understand the potential risks and possibility of injury being
(Parent/Guardian)
incurred by my son/daughter while participating in athletics at Lake-Lehman. I acknowledge
and understand the above mentioned risks on _____.
(Date)

Student's Name _____ Date _____

Parent/Guardian's Signature _____