

Athletic/Activities Policy Verification

This document is an acknowledgement that the following student/parent has read the athletic policy and is aware of the policies, procedures, and regulations that will govern the athletic/activities offered at Milan C-2. It also verifies that the student/parent has received information on Concussion education. Signing in no way states that you agree with everything in the policy, but it does verify that the below signed individuals have seen the contents of said policies.

Date: _____

Grade: _____

Student Name printed: _____

Student's Signature: _____

Parent Name printed: _____

Parent's Signature: _____

***Please complete, tear off the last two pages, and return them to your coach/sponsor or me as soon as possible.**

Thanks

Michelle Yocom
Activities Director