



Whitehall Central School District  
Whitehall, NY 12887

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## Agreement to Participate in Interscholastic Sports

I am aware that participating in any interscholastic sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of participating in \_\_\_\_\_ (sport) includes death, serious neck and/or spinal injuries (i.e. paralysis or brain damage) and serious injury or impairment to other aspects of my body, general health orl well being.

Because of the dangers of participating in the above sport, I recognize the importance of following the coach's instructions regarding playing techniques, training and team rules, and to maintain my eligibility to participate in interscholastic sports, I must abide by these instructions, as well as all applicable athletic association, school, and team rules.

In consideration of the Whitehall Central School District permitting me to practice, play or try out for \_\_\_\_\_ (sport) school team, and to engage in all activities related to the team, including practicing, playing and travel, I hereby voluntarily assume and understand all risks associated with participation.

Students Name: \_\_\_\_\_ (PLEASE PRINT)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent('s)/Guardian('s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Athlete's Personal Information

Name: \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

### **Please check the follow to confirm:**

- I understand and agree to follow all school athletic & academic codes of conduct and directives.
- I agree to attend all practices and meets at scheduled times and accept consequences for not meeting these requirements.

Parents/Guardians Names: \_\_\_\_\_  
Parents/Guardians Place of Employment: \_\_\_\_\_  
Parents/Guardians Work Telephone Number: \_\_\_\_\_  
Parents/Guardians Insurance Company: \_\_\_\_\_  
Parents/Guardians Insurance ID number: \_\_\_\_\_  
Emergency Contact person: \_\_\_\_\_  
Emergency Phone number: \_\_\_\_\_

I give my consent to the coach, emergency medical personnel, nurse, doctor, teacher, or hospital personnel to provide emergency assistance to my son/daughter if he/she is injured in my absence.

I wish to be notified as soon as possible as to the nature of the injury and the assistance provided. My signature indicates that I give my son/daughter permission to participate in the sport of \_\_\_\_\_ (sport) at Whitehall Central School District and that I understand the possible risks associated with that sport and that I give my consent for necessary emergency medical assistance in my absences.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## **Request for Waiver of Required Transportation from A School Sponsored Athletic Event**

Date: \_\_\_\_\_ Student: \_\_\_\_\_

We respectfully Request that the school allow our son/daughter to be transported home from a school-sponsored athletic event.

We understand that the school's responsibility and supervision will end once the student has cleared the athletic event with the coach/chaperone with proper notification. A copy of this report will be at all times with the coach.

We also agree and understand that the school district is relieved of any liability or responsibility for transporting the student once the student leaves the supervision of the coach/chaperone.

**TRANSPORTATION MUST BE PROVIDED BY PARENT/GUARDIAN OR IMMEDIATE  
FAMILY MEMBERS. IDENTIFICATION WILL BE REQUIRED FOR TRANSPORTATION.**

Parent/Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Family Member: \_\_\_\_\_ Relation: \_\_\_\_\_

Family Member: \_\_\_\_\_ Relation: \_\_\_\_\_

Family Member: \_\_\_\_\_ Relation: \_\_\_\_\_

Athletic Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Interscholastic Athletic Code

The Whitehall Central School District Board of Education believes that student participation in interscholastic athletics should educate in the area of skill, pride, character building, health and personal self-control and integrity.

Students involved in these activities are generally looked up to and respected by the school community because of their skills and the sometimes highly publicized conditions under which they perform. These students establish the school moral climate in which the school functions day-to-day and by which the school advertises itself among schools in other communities. These guidelines apply to all school-sanctioned interscholastic athletics.

### A. Interscholastic Athletic Code

1. During The athletic season of participation, a student shall not:
  - a. Consume a beverage containing alcohol;
  - b. Use tobacco products in any form;
  - c. Use or consume, have in possession, buy, sell or give away any controlled substance defined by law as a drug. It is not a violation specifically prescribed for a student's own use by his/or her physician.

A student who is observed by a staff member of the district on or off school grounds or in possession of alcohol, drugs, or tobacco products, or against whom the school has substantial proof of such use or possession of alcohol, drugs or tobacco products on or off school grounds, will be penalized according to the following steps:

### B. Penalties for Violation of CODE

1. **First Offense:** After confirmation of the first violation, the student athlete will be suspended from participation in all sports teams in which they are members for a period equal to 15% of the league games, non-league games, and scrimmages. Student Athletes will not be allowed to suit up for games during the period of suspension. Parents of the student athlete will be notified by the Director of Athletics.
2. **Second Offense:** A second violation of this code will result in the immediate suspension from participation in all interscholastic and extra curricular activities for a period of 45 calendar days. Parents will be notified by the Athletic Director.
3. **Third Offense:** A third violation, and subsequent offence(s), will result in the student being suspended from participation in all interscholastic and extracurricular activities for one (1) calendar year from the date of the notification of infraction. Parents will be notified by the Athletic Director.



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## **C. DUE PROCESS**

1. Students accused of violation of this code will have the right to a meeting within three (30 days of allegation between the student, their parent(s)/guardian(s), the High School Principal, Activity/Advisor/Coach, and any other pertinent persons immediately following the allegation that a violation of the code has taken place. The final determination will be made by the high school principal of his/her design after such a meeting. Appeals to the administration are to be made to the Board of Education by requesting a hearing.

Signatures below demonstrate the understanding of the Whitehall Central School District Athletic Code, Consequences for violations of the Athletic Code of Conduct, and Due Process:

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_