AVIANO SAINTS SPORTS

PLEASE SIGN AND RETURN THE FOLLOWING PAGE TO YOUR COACH. A COPY MUST BE ON FILE WITH THE ATHLETIC DIRECTOR IN ORDER FOR YOU TO PARTICIPATE IN AVIANO ATHLETICS.

Parent/Sponsor Printed Name:	Date:
Player/Student Printed Name:	Grade:
I have read and understand the DODE	OS Europe eligibility policy.
Sponsor Signature:	Student Signature:
I have read and understand the DODE for the duration of the season.	OS Europe Drug & Alcohol policy. I will honor these expectations
Sponsor Signature:	Student Signature:
I have read and understand the Studer duration of the season.	nt Behavior Expectations. I will honor these expectations for the
Sponsor Signature:	Student Signature:
I have read and understand the lettering means that I will not receive a letter at	ng criteria and understand that failure to fulfill these requirements the end of the season banquet.
Sponsor Signature:	Student Signature:
I have read and understand the risk of	concussion associated with athletic participation.
Sponsor Signature:	Student Signature:
I understand that my behavior is gover DoDEA IAP, and the sports specific ru	rned by the school handbook, the extra-curricular handbook, the des set by NFHS and DoDEA.
Sponsor Signature:	Student Signature:
	d to act as a positive and respectful member of the Aviano unity. I will always remember the words of Mr. Alan Parkinson, so don't do it."
Student Signature:	
	e in intramurals, extracurricular activities, and interscholastic per to all away scheduled competitions, events, and activities.
Spansor Signature	