

PARENT/GUARDIAN AND STUDENT PARTICIPANT PERMISSION/COMMITMENT FORM

Student Participant Name (Please Print): _____

Parent/Guardian Name (Please Print): _____

Extra/co-curricular activity/activities (Please Print ALL):

PARENT/GUARDIAN PERMISSION

Please check each box to indicate your agreement to each of the following statements:

- The above named student has my permission to participate in the above-mentioned extra/co-curricular activity/activities.
 - I have read and agree to the Rules and Regulations of the extra/co-curricular activities and will support the program in assuring that my son/daughter adheres to these rules and practices.
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Parent/Guardian Signature

Date

STUDENT-PARTICIPANT COMMITMENT AND PLEDGE

Please check each box below to indicate your agreement to each of the following statements:

As a Cornwall Central School District Extra/Co-curricular Participant, I understand that:

- Participating in any extra/co-curricular activity requires a commitment to the highest standards of mental and physical fitness. Insuring the highest level of performance requires a year-round commitment to these activities.
 - I understand the foregoing statements and having read and understood the Rules and Practices of the Extra/Co-curricular Activities and the Participation Rules and I will abide by all of the Rules and Practices of the Program for the participation time.
 - I understand that I must maintain all academic and attendance expectations for classes and school. Failure to do so may result in administrative review of Extra/Co-curricular Activities and academic and attendance monitoring, as well as preventing participation in Extra/Co-curricular Activities if these standards are not met or improved.
 - Engaging in the use of alcohol, tobacco or other drugs, along with e-cigarettes and 'vaping' of any kind is inconsistent with maintaining these high standards of commitment. I will refrain from the purchase, possession consumption or sale of Alcohol, tobacco or other drugs including E-Cigarettes or 'vaping' of any kind (except for legitimate medical reasons; ie. Doctor's Note) from the first day of participation through the last.
 - I understand that failure to abide by this pledge will result in forfeiting my privilege of participating in any Extra/Co-curricular Program for the period specified in the Participation Rules: Violations.
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Student-Participant Signature

Date