New London Local Schools

Educating Tomorrow's Leaders

NEW LONDON LOCAL SCHOOL DISTRICT ATHLETIC CODE OF CONDUCT INFORMED CONSENT AGREEMENT

Student Name:	Grade:
(Please Print)	
As a Student:	
violation of the Athletic Code Students. I have read the Athletic Code Students, and thoroughly und commitment to said Code and I I understand and realize that the I understand that I must show before participating in any athle I understand that when I parti subsequent random drug testing any athletic activities.	ere is risk of injury in participating in athletic activities. proof of insurance coverage or purchase student accident insurance
Student's Signature	Date
As a Parent/Guardian:	
Students, and understand the activities of the New London H I pledge to promote healthy life I understand and realize that th a participant in athletic activitie I understand that my son/dau eligible to participate in any ath I understand that my son/daugh an initial and/or subsequent rar practice or participate in any ath	estyles for all student athletes of New London High School. Here is an assumed risk of injury involved for my son/daughter/ward as es. Highter/ward must provide proof of health insurance coverage to be alletic practices or contests. Here/ward, when participating in any athletic program, will be subject to adom drug testing, and that if they refuse, they will not be allowed to
Parent/Guardian Signature	 Date