

PLEASE SIGN AND RETURN

SPORT: _____

COACH: _____

VARSAITY _____ **JV** _____

JH _____ **CYO** _____

**I have read and understand
the guidelines and policies as defined by the
CCS Parent & Student Guide to Athletics.**

Athlete Last Name (Please Print) _____

Student Signature _____

Parent Signature _____

Date _____

**Please return this page to the Athletic Department,
BEFORE your season begins.
Thank you.**