

SOUTH-WESTERN CITY SCHOOL DISTRICT

PARENT/STUDENT ACKNOWLEDGEMENT OF ATHLETIC POLICY ALCOHOL, DRUG, TOBACCO AND CITIZENSHIP

Grove City High School

We, _____ and _____
(parent/guardian name) (student name)

have received and read the Athletic Alcohol/Drug/Tobacco/Citizenship Policy. We understand the rights and responsibilities pertaining to student athletes and agree to support and abide by the rules, guidelines, procedures and policies of the South-Western City School District.

Parent/Guardian Signature

Student Signature

Date

Date