



Avenue City School District  
Activity Participation Rules As Governed by MSHSAA

Student's Name: \_\_\_\_\_

As a participant in the extracurricular activities program in the Avenue City School District, I realize it is a privilege to represent my school. I understand that I am expected to remain free of alcohol, tobacco, and illegal drugs and am expected to exhibit good citizenship at all times. I understand that violation of the Avenue City School District's Board of Education Policies might, by the decision of the coach/sponsor, or administrator, result in my exclusion from extracurricular activities.

Note to Parent: By signing this agreement, you as a parent or guardian are giving permission for the designated student to participate in organized school activities, even though you are signing you are aware of the potential for injury, which is inherent in all activities. Even with the best of coaching, the use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death.

Please sign and return after you have read this information.  
Participant will not be allowed until this contract is signed.

I/We acknowledge that I/We have read and understand the above.

School Name: Avenue City School District

Student's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_

Parent's/ Guardian's Printed Name: \_\_\_\_\_

Parent's / Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_