

PLEASE READ CAREFULLY, FILL OUT, AND RETURN THIS FORM TO THE
ACTIVITIES DIRECTOR AT NORTHWEST HIGH SCHOOL.

NORTHWEST STUDENT PARTICIPANT AGREEMENT

I, _____ have chosen to participate in
Student Name

Check activity(ies)

- | | | |
|---|--|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Honor Society | <input type="checkbox"/> Student Council |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Instrumental Music | <input type="checkbox"/> Student Manager |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Journalism/Yearbook | <input type="checkbox"/> Student Trainer |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Letterwinners | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Drill Team/Flag Corp | <input type="checkbox"/> Skills USA | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> FBLA | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track |
| <input type="checkbox"/> FCCLA | <input type="checkbox"/> Softball | <input type="checkbox"/> Vocal Music |
| <input type="checkbox"/> FFA | <input type="checkbox"/> Speech | <input type="checkbox"/> Video |
| <input type="checkbox"/> Football | <input type="checkbox"/> Spirit Squad | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Statistician | <input type="checkbox"/> Wrestling |

at Northwest High School.

I commit myself to continuously working toward the goal of top physical fitness. To do anything which would harm my body would not be in my best interest or the best interest of my team and school.

I agree to remain free from tobacco, alcohol and other drugs during my activities/sports season. I fully understand this pledge extends to seven days per week.

If I have a problem or I need help fulfilling this agreement, I understand the coaches; the substance abuse coordinator and school counselors will be available to help me.

I further understand that should there ever be a time whereby the school, or I am not in accordance with the handbook, I may request a conference within three calendar days of such time with school personnel (activities director/sponsor) to discuss the problem.

I have read and understand the athletic policies and the consequences for violations of these policies.

I pledge to keep all rules and policies; and to help all of my teammates abide by the same activity rules and policies.

Student Signature Date Grade

As the parent/guardian of _____, I understand and support this
student's name
agreement and pledge my son/daughter has signed. Optimum health is the goal of our activities program, and I support the school system in its efforts to attain this goal.

We further understand that should there ever be a time that either my son/daughter or the school is not in accordance with the handbook, we may request a conference within three calendar days of such time with school personnel (activities director/sponsor) to discuss the problem.

Parent/Guardian Signature

Sponsor/Coach Signature

Date

Date