

**WHITESBORO CENTRAL SCHOOL
ATHLETIC DEPARTMENT**

Dear Parents:

Your child has indicated a desire to participate in the Interscholastic Athletic Program in our District. Enclosed is a copy of the "Guidelines for Interscholastic Athletics" of the Whitesboro Central School District. Please note the policy statement that describes both expected standards of behavior as well as the penalties which could result from infractions of these policies.

Please review these policies in detail with your son or daughter, so they will successfully contribute to his or her growth via participation in the Athletic Program. It will be most important for you to indicate to your athlete that the standards of behavior expressed in those policies represent your standards for his or her behavior. In addition, please indicate that the policies will be fairly and consistently enforced both in school and at home.

If you are able to accept these standards of behavior for your child, agree to cooperate with school officials in enforcing these standards, and would like your son or daughter to participate in the Athletic Program as a member of an interscholastic team, please sign the attached permission slip and have it returned to the coach of the team involved.

Michael S. Deuel
Director of Athletics

Revised: February 16, 2011

**WHITESBORO CENTRAL SCHOOL
ATHLETIC DEPARTMENT**

"PARENT PERMISSION FORM"

Dear _____:
(Name of coach)

I have read the "Guidelines for Interscholastic Athletics" and the "Policy for Academic Eligibility" of the Whitesboro Central School District. I have reviewed them with my son/daughter and agree to cooperate with school officials in the enforcement of the codes in regard to my son/daughter.

I give my permission for my son/daughter _____ to participate in the Athletic Program as a member of the _____ team subject to the standards expressed in the policies.

DATE: _____

SIGNED: _____
(Parent or Legal Guardian)