STUDENT ATHLETIC AGREEMENT AND PARENT AUTHORIZATION FORM

I have read the athletics at Hop	athletic code, and I promise on my honor to obey all rules and regulations pertaining to kins Academy.
Date:	Signature of Student
(Name of Stude	has my permission to participate in ent)
	, and I have read the athletic code that he or she sport must follow.
Date:	Signature of Parent/Guardian
Personal Insura	ance Information
We hav	e health insurance coverage with
	No coverage
Items not cover	red by this code will be ruled on by the Hopkins Academy Administration.
	d keep the Athletic Code (Page 1) and return this form, signed by athlete and parent(s), and ship and Hazing forms that follow, signed only by the athlete, to their coach.

Adopted By The Hadley School Committee: September 22, 2014