



## EKHLA Athletic Policy Acknowledgement Form:



*I certify and acknowledge that I have read and understand the following forms and presentations:*

- Registration form and Waiver signed*
- Permission to sign off campus*
- EKHLA MS Athletic Policy*
- NO Pass NO Play*
- Medical History and pre participation Physical Evaluation*
- Disciplinary Referral*
  - *3 instances – Parent Conference*
  - *One more (4) instances is suspension of one game*
  - *One more (5) could be disqualified from team*
- Uniform Rental Agreement*

*I further understand and agree that failure to abide by the guidelines set in accordance to the EKHLA MS Athletic policy and TCSAAL guidelines may result in removal from the EKHLA Athletic program.*

*Grade Level* \_\_\_\_\_

*Athlete Name* \_\_\_\_\_

*Athlete Signature* \_\_\_\_\_

*Parent Signature* \_\_\_\_\_

*Date* \_\_\_\_\_