



## PARENT/STUDENT AGREEMENT 2016-17

Name of Student	Grade	School
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- I allow my child (student named above) to participate in the Littleton Athletic program.
- I am aware that my child is to return their uniform in the same condition as they received it at the end of their season. I will be held responsible for the cost of replacing the uniform.
- I have read the Athletic Handbook which includes Littleton's Athletic Program's policies and procedures and Athletic Code of Conduct. I understand the expectations of Littleton student athletes and consequences if the behaviors outlined in the Athletic Code of Conduct are not followed.

\_\_\_\_\_  
Student Athlete Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date

**Please check the sport your child will be participating in:**

Season	Boys	Girls
<input type="checkbox"/> Fall	<input type="checkbox"/> Basketball	<input type="checkbox"/> Basketball
<input type="checkbox"/> Winter	<input type="checkbox"/> Flag Football(CoEd)	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Spring	<input type="checkbox"/> Soccer	<input type="checkbox"/> Soccer
<input type="checkbox"/> Late Spring	<input type="checkbox"/> Baseball	<input type="checkbox"/> Softball
	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Cheerleading

**Emergency Contact Information:**

Name:	Address:	
Home Phone:	Cell Phone:	Emergency Phone:
Doctor's Name:	Address:	
Doctor's Phone:		