

Parent/Guardian Agreement to Allow Participation on Varsity Team (9th or 10th Grade Student Athlete)

To the Parent/Guardian of:		Sport:	
	Student/Athlete	1 <u> </u>	

The varsity coach, the parent/guardian, the student athlete, and the athletic director will meet at your convenience to discuss the expectations of being a member of a varsity team and to ensure a positive and successful athletic experience for all student athletes physically, socially, and psychologically. Please make an appointment with the Athletic Director prior to participating in a scrimmage or contest.

If, however, you are in agreement with the placement of _______ at the Name of Student/Athlete varsity competitive level and have a clear understanding of the expectations and do not wish to have a meeting, please sign below indicating your decision.

If you have any questions and/or desire a meeting to discuss the advanced placement of the student to the varsity level, please contact the athletic office immediately at 248-373-9647.

SIGNED:

Parents/Guardian

Head Coach

Student Athlete

Athletic Director

Date:_____