

Athlete Name:		Grade
The following coaches, athlete, practice and game/met	, and athlete's	s parent/guardian have discussed and resolved
conflicts and the areas outline	d below and a	gree to the following:
	ne takes priorit	ll take preference with the following exceptions: ty over a practice/performance/fundraiser.
÷	the remaining _l	ther program after two weeks, he/she may not program until a conference is completed with both
conditioning practices for seasons (unless permissio	the next season on is given from	two weeks, he/she may not practice or participate in n sport until both sports have completed their the coach whose program the athlete quit). et, he/she may be removed from both programs.
Any other stipulations must be stipulations, write NONE:	e written belo	w and initialed by both coaches – if no
Primary Sport:		
		Primary Sport Coach Initials:
Secondary Sport:		1 Timary Sport Coach Imelaic.
		Second Sport Coach Initials:
My (HS / JH Athlete) sign	cature indicates	s understanding and agreement with the above
Student/Athlete Signature	Date	Parent/Guardian Signature Date
Coaches: do not sign below filled out and initialed	until the ext	ra stipulations portion above has been
Primary Sport Coach Signatur	'e:	
Secondary Sport Coach Signat	ure:	

This form must be completed and turned in to the Athletic Office Before the student/athlete is able to participate in the second sport

Athletic Director Signature: