



SHILOH HILLS CHRISTIAN SCHOOL ATHLETIC DEPARTMENT

Athlete Agreement

Please sign, date, and return this form to the Athletic Department. Athletes will not be eligible to compete until this form is completed and returned.

I have read the entire Athletic Handbook and agree to abide by its standards and policies. I agree to support them both in spirit and practice.

Athlete's Signature: _____

Date: _____

Parental Agreement

I have read the entire Athletic Handbook and fully support the enforcement of its rules and guidelines. I agree to support the coaching staff and their decisions as they are the delegated authority in my son's or daughter's participation in SHCS athletics.

Father's Signature: _____

Date: _____

Mother's Signature: _____

Date: _____