

DATE: _____

THE STUDENT ATHLETE HANDBOOK CAN BE FOUND ON THE
SCITUATE PUBLIC SCHOOLS WEBSITE:
WWW.SCITUATE.K12.MA.US

PLEASE LIST: Fall Sport _____
Winter Sport _____
Spring Sport _____

GRADE (Circle One:) 9th 10th 11th 12th

PLEASE READ THE HANDBOOK ONLINE AND SIGN THIS SHEET
ACKNOWLEDGING IT HAS BEEN READ. IF YOU WOULD LIKE A HARD COPY
OF THIS HANDBOOK, ONE CAN BE OBTAINED IN THE PRINCIPALS OFFICE.

STUDENT/PARENT ACKNOWLEDGEMENT

I/we have read the entire Student Athletic Handbook. I/we understand the expectations that Scituate High School and the MIAA has for all student-athletes and will do my/our best to see that these standards are met. I/we are cognizant of all consequences for any violation of the Student Athlete Handbook.

Signature of Student Date

Signature of Parent/Guardian Date

MEDICAL WAIVER

If my son/daughter is injured while at practice or a game and I am not present, nor can be reached to approve of medical action, I hereby give permission for a Certified Athletic Trainer, EMT, Nurse and/or Medical Doctor to administer the necessary medical attention.

Signature of Parent/Guardian Date