

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR COACH or MODERATOR

I have read the entire Student/Parent Handbook for Athletics and I understand what is expected of La Salle College High School student-athletes. I agree to follow all policies in this handbook and I promise to always represent La Salle College High School in a positive manner. I understand that any violation of the expectations set forth in this handbook will result in consequences, including a suspension from athletics.

Student Name (Print): _____ Grade: _____

Student Signature: _____ Date: _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature: _____ Date: _____

La Salle College High School Protocol for Return to Play after a Head Injury

I, as a parent/guardian, assure that I have read, understand and will comply with the La Salle Return to Participation protocol if my son suffers a head injury while participating in La Salle Athletics.

Parent/Guardian Signature: _____ Date: _____