CLEARVIEW REGIONAL HIGH SCHOOL DISTRICT
625 BREAKNECK ROAD
MULLICA HILL, NEW JERSEY 08062
856-223-2790

PARENT STUDENT-ATHLETE HANDBOOK

Sport: _____

_____ _____ _____ _____
Student's Last Name First Name Homeroom # Grade

_____ _____
Parent/Guardian's Last Name First Name

We have read and understand the Clearview Regional High School Parent Student-Athlete Handbook, specifically the Code of Conduct, Sportsmanship Pledge, and the Risks Involved with Athletics sections. As well, we have read and understand the team rules and regulations as presented by the coach. We will abide by all provisions as set forth in each document.

_____ _____
Student's Signature Date

_____ _____
Parent or Guardian Signature Date

Prior to the opening day of the season, the student and parent/guardian MUST return this form signed.

Due to academic eligibility requirements, coaches may need to check on your son/daughter's grades throughout the season and/or school year. By checking the yes box below, you are consenting to give the coach permission to view your child's grades through the Power School program. All grades will be held confidential. Your cooperation is greatly appreciated in this matter.

_____ *Yes, I give permission for the coach to check my son/daughter's grades.*

_____ *No, I do not give permission for the coach to check my son/daughter's grades.*