

**PHILOMATH MIDDLE SCHOOL  
ATHLETIC ACKNOWLEDGEMENT FORM**

I have read the following:

1. Academic Eligibility Policy
2. Substance and Tobacco Abuse Policy
3. Code of Conduct Policy
4. Pay to Participate Regulations

*My signature indicates that I have read and fully understand the policies, procedures, and regulations for participation in Philomath Middle School sports programs. I am also aware of the consequences for any violations(s).*

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Student/Athlete \_\_\_\_\_ Date \_\_\_\_\_

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OFFICE USE ONLY

\_\_\_\_ Emergency Medical Authorization form on file

\_\_\_\_ Current Sports Physical form on file

Method of payment for Pay to Participate:

\_\_\_\_ Cash

\_\_\_\_ Check

\_\_\_\_ Waiver plus fee