Metro Academic and Classical High School

Parent-Student Waiver Form

Please sign after the statement to indicate that you’ve been informed about the following information

*As a parent and student, we have both read and/or been informed about the following:*

1. *the specific sports cautionary statements*
2. *the board’s secondary insurance information*
3. *the agreement of the players to live up to the student pledge on drugs and alcohol use*
4. *academic eligibility standards*
5. *the need to take the concussion protocol and informational course located on the MSHSAA website*
6. *the uniform policy deposit and return policy*
7. *transportation*
8. *the requirement to fill out a MSHSAA required physical form*

Student Name (last, first): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year: \_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_