

Universal School

Department of Athletic and Physical Education

7350 W 93rd St Bridgeview IL 60455 Phone: (708) 5994100 Fax: (708) 599-1588

CODE OF BEHAVIOR LETTER

Dear: Parent/Guardian

I am pleased that your son/daughter has express his/her desire to participate in Universal School athletic program. By becoming a member of an athletic team, you and your child have responsibility to fulfill a significant and important commitment to Universal School Athletics. Please sign and return this page to your coach.

As a participant of Universal School Athletic Team, I hereby agree to abide by the rules and regulations stated in the Athletic Code and the Athletic Code of Conduct located in the Parent/Student Handbook.

I agree to assume full responsibility for all equipment issued to me, and to pay for any and all equipment that I may loose, misplace, or damage through carelessness or intent.

Athlete's Signature: _____ Date: _____

I, as parent, have read the policies and rules set forth for athletic participation at Universal School, and give my son/daughter permission to participate under those conditions. I also understand medical insurance is not provided by the school for students participating in