

Sheridan County School District #3

**Athletic Training Rules Agreement**

Student's Name: \_\_\_\_\_

Sport: \_\_\_\_\_

I have read and understand the training rules and expectations for Sheridan County School District #3 activities. I agree to abide by these rules and expectations.

Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_