



### **Athletic Code of Conduct Form**

I have read, agree, and will abide by the Athletic Handbook and Mission Statement of the Manhattan Christian Athletic Department. I will exhibit the will to win and play with everything I have in order to honor God with every fiber of my being. I understand that it is a privilege to play and I need to be thankful for the opportunity.

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

By submitting this form, I acknowledge that I have read, agree, and will abide by the Athletic Handbook. I have also read the Manhattan Christian Athletic Department Mission/Vision/Goals and the Mission Statement of Manhattan Christian.

Parent/Guardian's Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

### **Manhattan Christian Athletics Parent Permission/Medical Release Form**

Athlete's Name: \_\_\_\_\_

We authorize Manhattan Christian School, the athletic staff and faculty members in charge of the athlete to obtain all necessary medical care and authorize any licensed physician and/or medical personnel to render necessary medical treatment to the athlete.

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_