



James P. Cody  
Principal

Holdrum Middle School  
393 Rivervale Road  
River Vale, New Jersey 07675

Tel 201.358.4016  
Fax 201.358.8429  
[jcody@rivervaleschools.com](mailto:jcody@rivervaleschools.com)

## Holdrum Middle School Student-Athlete Expectations Form

I request permission to be enrolled as a candidate and to participate and play in \_\_\_\_\_ during the current school year.

Realizing that athletic activity involves the potential for injury, which is inherent in all sports, I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of the rules and regulations, injuries are still a real possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. I realize that I may be injured.

I will practice good sportsmanship – representing my school, self and parents in a positive manner.

I will be responsible for and will return all equipment loaned to me by the HMS Athletic Department.

I have read the above statement and agree.

Student Name (please print): \_\_\_\_\_

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

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