

WI Valley Parent / Athlete Video Acknowledgment

By signing this form you are stating that you viewed the informational video for the WI Valley Lutheran High School Parents & Athletes.

Parent Signature:

I _____ have viewed the WI Valley Parent/Athlete video and understand that it is my responsibility to ask questions about anything that I or my athlete don't understand.

Parent/Guardian
Signature _____ Date _____

Athlete Signature:

I _____ have viewed the WI Valley Parent/Athlete video and understand that it is my responsibility to ask questions about anything that I or my parents don't understand.

Athlete
Signature _____ Date _____