



City School District of Albany
Department of Health, Physical Education and Athletics

Kathleen Ryan, Director

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I, _____, the parent/guardian of _____,
(Parent/Guardian- Print Name) (Student-Athlete –Print Name)

acknowledge that I have viewed and understand the general objectives of the “*Albany High School Athletic Department Parent/Guardian Meeting Presentation*” posted on the City School District of Albany Athletics website. I understand that if I have any questions about the materials presented at the Parent/Guardian Meeting or in the PowerPoint that I may contact the Athletic Office at 518-475-6310 for clarification.

Parent/Guardian Signature

Date

Please Complete Below (Print):

Parent/Guardian: _____

Phone: _____

Son/Daughter Name: _____

Grade: _____

Sport: _____