

DANIEL WEBSTER COLLEGE

ATHLETIC DEPARTMENT

PARENT AND STUDENT CONSENT FORM

This is to confirm _____ is on an overnight visit to Daniel Webster College on _____. As an overnight guest, I respect the rights and privacy of my host/hostess and take full responsibility for my own behavior.

I agree to abide by all Daniel Webster College residence hall policies and regulations. All policies written in the Student Handbook can be made available upon request.

Parent/Guardian Signature _____

Student Signature _____

Date: _____

Place on file in the Head Coaches office