

**MOOSABEC COMMUNITY SCHOOL DISTRICT
EXTRA/CO-CURRICULAR ACTIVITIES CONTRACT**

We understand that signing this contract is a condition for participating in Jonesport-Beals High School’s extra-curricular and co-curricular activities.

For Parents/Guardians:

I acknowledge that I have received and read copies of the following Board policies: Student Drug, Alcohol and Tobacco Use (Policy JICH and Procedure JICH-R), the Extra-Curricular and Co-Curricular Activities Code of Conduct (Policy JICI), Tobacco- Free Schools (Policy ADC), and Weapons, Violence, and School Safety (Policy JICIA). I understand that my child may not engage in the prohibited behaviors and activities described in Policy JICH at any time or place from the beginning of the student’s first co- or extra-curricular activity of the school year through the end of the school year. I will support my child in following these policies and understand that if my child violates these policies, they will be suspended from extra-curricular/co-curricular activities. I understand that it is my responsibility to see that my child reports any violation of the contract to the school administration.

Parent/Guardian signature _____ Date _____

Printed name _____

For Students:

I acknowledge that I have received and read copies of the following Board policies: Student Drug, Alcohol and Tobacco Use (Policy JICH and Procedure JICH-R) and the Extra-Curricular and CoCurricular Activities Code of Conduct (Policy JICI), Tobacco- Free Schools (Policy ADC), and Weapons, Violence, and School Safety (Policy JICIA). I understand that I may not engage in the prohibited behaviors and activities described in Policy JICH at any time or place from the beginning of my first coor extra-curricular activity of the school year through the end of the school year. I pledge to follow these policies, and understand that if I violate this pledge, I will be suspended from extra-curricular/cocurricular activities. I understand that it is my responsibility to report any violation of the contract to the school administration.

Student signature _____ Date _____

Printed name _____

DATE ADOPTED: AUGUST 6, 2009

DATE REVISED: JUNE 3, 2026