

# Penn Cambria High School

401 Linden Avenue  
Cresson, PA 16630  
Phone (814)886-8188

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## Memorandum of Understanding Regarding Hazing (initiation)

As the Parent(s) or Guardians(s) of \_\_\_\_\_,  
I (we) understand that any participation in hazing (initiation) of other students of the Penn Cambria Athletic Teams will result in immediate removal from the team, and appropriate school discipline. I (we) also understand that it is possible that any harassment charges and any applicable legal charges may be filed with the District Magistrate's office.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Return the completed form to the head coach who will then forward it to the Athletic Director before the student is eligible to practice with the team.

Team student will participate with \_\_\_\_\_ Year \_\_\_\_\_