



CSE Chairperson
Mark Robinson

Guidance Counselor
Chris Ford

Athletic Director
Gale Wilkins

P. O. Box 180, 29 School Lane
Willsboro, New York 12996
Phone: (518) 963-4456
Fax: (518) 963-7577
www.willsborocsd.org

Board of Education
Craig Jackson, President
Bruce Hale, Vice President
Phyllis Klein
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Walking Program

I, _____ understand and agree that in consideration
(please print your name)

of being granted access to and the use of facilities of the Willsboro Central School District, I assume any and all risk with respect to such access and use, hereby release the Willsboro Central School District, its representatives, agents, and employees from liability for any injuries sustained or damage incurred in the course of such access and use resulting from any cause whatsoever which may be sustained. I also understand that the interior of the school is only available Monday – Friday from 3:30 – 7:30 p.m. The exception would be on days when there are basketball games. I will not wear “street” shoes while walking in the building.

Printed name: _____

Signature: _____

Date: _____

Emergency Contact Person: _____

Emergency Contact # : _____

(If under 18 years of age)

I have read and understand the above and accept responsibility for my child’s behavior.

Parent/Guardian Signature: _____

Phone number: _____

Emergency #: _____