

**YSLETA INDEPENDENT SCHOOL DISTRICT
ATHLETICS**

**ANTI-HAZING / BULLYING / SPORTSMANSHIP (ABS)
PRESEASON PARENT MEETING**

Coach/Presenter _____

Sport _____

School _____

Location _____

*****Please refer to the ABS Training Calendar (R-2) in the Athletics Handbook for the date
and time that has been scheduled for your presentation.**

Prepared by _____ Date _____

Campus Athletics Coordinator _____ Date _____

Administrative Approval _____ Date _____

**Please email to the Athletics Office
10 working days prior to the meeting**