

ATHLETIC RESPONSIBILITY ACKNOWLEDGEMENT

ATHLETE'S NAME _____

YEAR _____

Prior to participating in any practice or tryout sessions for any interscholastic sport, each athlete must:

1. Successfully pass a physical examination by a registered physician and the copy of such examination must be on file in the athletic office. One current physical examination per year is sufficient for all sports during that school year.
2. Return to the athletic office the Athletic Responsibility Acknowledgement Form properly signed. (1 / year)
3. Properly fill out and return to the athletic office the Emergency Medical Form. (1 / year)
4. Parents Travel Permit Form- signed and returned to the athletic office. (1 / year)

As a school's student-athlete participating voluntarily in interscholastic athletics, I understand that:

1. I will abide by the school's student code of conduct, the school's athletic handbook, the coaches' team rules, and the rules of the state athletic association.
2. I will conduct myself in an exemplary social manner at all times.
3. I will be responsible for all athletic equipment issued to me throughout the season, will return such equipment at the conclusion of the season, and will pay the current replacement cost for any of the equipment not accounted for by me at the end of the season.
4. I acknowledge that I have been properly advised, cautioned and warned by administrative and coaching personnel of the school district that I am exposing myself to the risk of injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis, or even death. Having been so cautioned and warned, it is still my desire to participate in sports and to do so with full knowledge and understanding of the risk of injury.
5. I, along with my parents, certify that I have read and understand all of the school district athletic policies in the athletic handbook. In order to be eligible for participation, I understand I must comply with all requirements listed.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Soccer Golf Cross Country Volleyball Tennis Basketball
Baseball Softball

Please circle all sports the signed student plans to play during the school year

