

HCS **DSL** ATHLETICS PROGRAM

Student Athlete Commitment

Team membership in the HCS Athletics Program is a privilege. As a team member, students are representing HCS and should conduct themselves in a manner that is pleasing to God. Team members, families and friends are expected to:

1. Respect team members, coaches, opponents, and officials. Remember, self-control is a fruit of the Spirit!
2. Demonstrate respect with appropriate language and actions.
3. Attend every practice and game. Absences should only be in the case of emergencies or important and unexpected situations. Excuses that are not acceptable: student doesn't "feel like" going/playing that day, other plans came up, student's friend(s) aren't going, etc. If students do not attend practice, they may not be able to play in the games. All absences must be worked out with the coach. It is extremely important to help our students to learn great life skills such as communication and commitment!
4. Maintain a "C" average on their academic work.
5. Refrain from inappropriate behavior—it will not be tolerated and may result in removal from the team.

Parent Permission & Waiver

My child _____ has permission to participate in _____ and to travel with a school representative/parent volunteer driver to away games and/or practices.

I, _____, understand that my child's participation is voluntary and am aware of the risks inherent in participation of said sport. I hereby release and discharge HCS, its officers, employees, agents and volunteers from all liability arising out of or in connection with the above described activity that may be filed by, on behalf of, or for the above named student.

I understand that I will be responsible for my child's uniform. If it is lost, stolen or damaged in any way, I must reimburse the school.

I understand there is a \$25 fee per student, per sport fee (\$75 per year maximum) to participate in the After-School Sports Program and that if a check does not accompany this signed form, my account will be charged

Transportation to and from practices and games is provided by volunteer drivers. Your help will be needed on some occasions, please consider volunteering.

YES NO I am/not available for transportation to practices/away games. Days Available: _____

Medical Information

Doctor/Pediatrician

Name: _____

Address: _____ City: _____ Phone: _____

Insurance Co.: _____ Group Policy: _____ Member
#: _____

Emergency Contact Information (other than parent and local)

Name: _____ Relationship: _____ Phone: _____

Parent's Signature _____ **Student's Signature** _____

Date

Students may not be involved in the After-School Sports Program until they have returned this form