Athletic Contract

2024-2025

Games Transport

- FME athletes are transported to games by parent drivers. Each driver will take the number of students their car can legally and safely transport. Coaches will create and keep a roster of drivers and players. Always, communicate with coaches before departing school campus. If you'd like to help us by being a parent driver, please do the following:
  - Complete a criminal background check at the County Superintendent's Office at 290 N Main St, Kalispell, MT 59901. You are required to make an appointment by calling (406) 758-5720.
  - Complete the *Volunteer Agreement Form Coach/Helper/Aide/Chaperone* and *Field Trip Permission* below.
  - Provide copies of your proof of car insurance and your valid driver's license.

Practice Schedule

- Practices are Mondays through Thursdays (4:00 - 5:30 p.m.). No practice on Friday's nor game days.
- Appropriate practice attire is athletic wear, particularly shoes (for player safety as well as gym floor regulations).
- Players will exit the gym through the southeast door (by the batting cages) for practices.
  - Drivers should wait outside to receive their players at the end of practice. Parents/Drivers must pick up players promptly after each practice.
- Players will not be allowed to come to practice if they were absent from school that day. A missed pre-game practice (even for illness) will result in a missed game. Consistently missing practices / poor work ethic may result in less playing time.

Playing Up

- If necessary to have an adequate number of players on the 7th/8th grade team, 5th/6th grade athletes who show commitment, a positive attitude and the skill set, will get opportunities to play up.

Game Day Attire

- Athletes are required to dress nicely on game days. Home game day attire should be skirt, nice pants, dress shirt for example. Away Game day attire should be sporty / athletic apparel. This is a way to represent our school and to get athletes ready for this same expectation when they leave FME and participate in sports in high school.

Equal Playing Time

- There will be equal play time for all 5th and 6th grade athletes. All 7th and 8th grade athletes will have play time, though not always equal; hard work, a positive attitude, and being a team player will yield more playing time.

Eligibility Requirements

- The Athletic Director will check in weekly with classroom teachers for eligibility. Students are expected to maintain passing (C/Proficient or higher) academic grades and "habits of work" grades in all of their classes in a manner that demonstrates academic and social integrity (no disciplinary referrals).
  - Students and families will be notified if they are in danger of being ineligible and given one (1) week to correct the necessary requirements before they are not able to play. This means that students will have a one week warning BEFORE they are unable to play. Families and students will be notified when players are able to return to play.
  - Students ineligible to play will need to work with their teachers to remedy their eligibility as soon as possible. They are expected to attend practices; however, they will not be able to attend games until they become eligible.
- Behavior expectations for practice and games are the same as our school's behavior expectations that can be found in the student-family handbook. Any behavior resulting in disciplinary referrals that result in consequences (e.g. suspensions, law enforcement involvement) will result in immediate removal from the team.

❑ **I _____ (player) and _____(parent) have read, understand, and agree to abide by the guidelines for the 2024-25 season including, but not limited to eligibility guidelines, and team expectations.**

*Players will not be allowed to play in games until this form is signed and returned.

STUDENT FIELD TRIP PERMISSION, AUTHORIZATION FOR EMERGENCY CARE AND ACKNOWLEDGEMENT OF RISKS
Fair-Mont-Egan School District #3

I, _____ (the Volunteer) hereby agree to serve _____ Public Schools (the District) on a volunteer basis as a _____.
Please initial next to each statement:

_____ The Volunteer understands any volunteer services will not be compensated now or in the future.

_____ The Volunteer has been informed and understands that volunteer services rendered do not create an employee-employer relationship between the Volunteer and the District for the position stated above.

_____ The Volunteer understands that the District may not carry worker's compensation insurance and does not carry medical insurance for a person serving as a volunteer in the position stated above.

_____ The Volunteer understands that the mutually established schedule of services for the position stated above carries no obligation for either party and may be adjusted at any time.

_____ The Volunteer understands that services as a volunteer may be terminated at any time.

_____ The Volunteer understands that they are under the direction of the school district at all times during their service as a volunteer and must follow directives given by district employees.

_____ The Volunteer understands that they are to follow all laws, policies, and rules regarding student and employee confidentiality during their service as a volunteer.

_____ The Volunteer understands that they are to follow district policy as well as local, state, federal and other applicable law during their service as a volunteer.

_____ The Volunteer understands that they are not to use alcohol, tobacco or other drugs around students at any time whether on school property or not.

_____ The Volunteer understands that they are not to encourage students to violate district policy. The Volunteer further understands that if they observe a student violating district policy they are to report the behavior to the supervising district employee immediately.

_____ The Volunteer understands that any violation of this agreement, district policy or any local, state, federal or other applicable law can result in permanent termination of volunteer privileges and possible legal action.

_____ The Volunteer is 18 years of age or older.

_____ The Volunteer understands that his authorization only applies to the ____/____ school year.

_____ The Volunteer understands that if the position stated above involves regular unsupervised access to students in schools they shall submit to a name-based and fingerprint criminal background investigation conducted by the appropriate law enforcement agency prior to consideration of this agreement.

I understand that should I have been found to have violated these rules, I will not be used again as a chaperone for any District-sponsored field trips or excursions and may be excluded from using District-sponsored transportation for the remainder of the field trip or excursion and that I will be responsible for my own transportation back home.

_____ _____

DISTRICT REPRESENTATIVE *DATE*

_____ _____

VOLUNTEER SIGNATURE *DATE*

STUDENT FIELD TRIP PERMISSION, AUTHORIZATION FOR EMERGENCY CARE AND ACKNOWLEDGEMENT OF RISKS
Fair-Mont-Egan School District #3

Your child's class/team is participating in an educational field trip to Fair-Mont-Egan Athletics during the 24-25 school year. It is the policy of the School District to require parental permission before allowing a student to travel with members of his/her class/team. If you would like your child to participate, please carefully read and sign this document.

I/We hereby give permission for my child, _____, to go with his/her class on a field trip as described above.

Fair-Mont-Egan School District #3 affirms that it will exercise ordinary care and skill in the sponsorship and supervision of the field trip.

Fair-Mont-Egan School District #3 has fully advised me and that I understand the inherent risks associated with travel and play generally and my/my child's participation in a field trip involving athletics.
That inherent risks of which I have been apprised include the risk of:

a. Injury;
b. Illness;
c. Death; and
d. Other loss, including but not limited to:

Use of alcohol or drugs during the field trip is strictly prohibited regardless of the legality of such use in any location during such trip.

I fully understand and appreciate the risks above and voluntarily choose to participate/allow my child to participate in such a trip.

I further acknowledge my assumption of responsibility to strictly follow all directives of any chaperone or other agent of Fair-Mont-Egan School District #3 and to comply with the terms of this agreement and district policy during my participation in such a trip. I further acknowledge that any failure to comply with directives as set forth herein shall constitute a voluntary and unreasonable exposure of myself and others to known dangers and foreseeable risk of harm and shall be considered comparative negligence on my behalf within the meaning of 27-1-702, MCA.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to my child. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the district staff in charge to obtain emergency care for my child, neither he/she nor the school district assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances.

I/We have been informed the team will leave on scheduled game days at about an hour prior to game time from Fair-Mont-Egan School.

Transportation for this activity will be provided by: Personal Parent/Guardian Vehicles

Parent(s) or Guardian(s) *(please print):* _____
Address: _____
Phone Number: _____

Emergency contact information (if different than the above-listed phone number): _____

Does your child have a medical condition which the school should be aware of before allowing your child to participate on a field trip?
Yes _____ No _____. If yes, please state the nature of the medical condition: _____.

**In the event that an unforeseen circumstance arises creating a need for you to contact your child or a circumstance where information would need to be relayed to you about an emergency, change in itinerary, etc., an information network has been established. Please contact your child's coach.

Signature: _____ Date: _____
Parent/Guardian

Signature: _____ Date: _____
Parent/Guardian