



# 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) isn'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 **or will be subject to ineligibility.**
5. Refrain from inappropriate behavior—it will not be tolerated and may result in removal from the team.

## Parent Permission & Waiver

My child (print name) \_\_\_\_\_ has permission to participate in the sports checked below and to travel with a school representative/parent volunteer driver to away games and/or practices.

Flag Football     Basketball     Co-Ed Soccer     Volleyball

I, (print name) \_\_\_\_\_, 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, my FACTS Account will be charged for the replacement cost of the uniform.

I understand there is a **\$60 Athletic Fee per student, per sport (\$160 per year maximum)** to participate in the HCS After-School Sports Program.

I understand that my FACTS Account will be charged if a check does not accompany this signed form.

I understand that transportation to and from practices and games is provided by Volunteer Drivers. Parent help will be essential to the success of our Athletics Programs, please consider volunteering.

I am available for transportation to practices and away games.     YES     NO

If YES, please note days of the week you are available: \_\_\_\_\_

## Medical Information

Doctor/Pediatrician Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Group Policy: \_\_\_\_\_ Member #: \_\_\_\_\_

## Emergency Contact Information (someone other than parent and who is a local resident)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Students may NOT participate in the HCS After-School Sports Program until they have returned this form***

### Office Use Only:

Amt Pd: \$ \_\_\_\_\_  FACTS     CC     Cash     Check - # \_\_\_\_\_     Athletics Tracker     Finance Receipt