

Waterford School District Athletic Participation Form

NAME: _____

Please Print:

Name: _____ Grade _____ Home Phone: _____

Gender: M F Date of Birth: _____ Race: _____ Age _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Street Address: _____

City: _____ Zip Code: _____

School attended last year: _____

Alternate Emergency Contact Person: _____ Phone: _____

****Please attach necessary documentation for medical alerts such as allergic reactions, contacts, etc.***

Request for Permission: We, the undersigned student and the student's parent/guardian, apply for permission to participate in interscholastic athletics in the following sports: (please check all sports that apply)

- | | | | | |
|---------------------------------------|-----------------------------------|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Football | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track | <input type="checkbox"/> Dance/Poms |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Golf | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Hockey | <input type="checkbox"/> Ski | <input type="checkbox"/> Other _____ | |

*Weight lifting may be required component of conditioning for any sport.

Insurance Statement:

Our son/daughter will comply with the specific insurance regulations of the school district.

Family Insurance Company: _____ Contact #: _____

Signature of Parent or Guardian or 18-Year-Old: _____

Medical Treatment Consent: To be completed by Parent or Guardian or 18 yr. Old

I, _____, (an 18-year-old) the parent or guardian of _____ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expense of such care.

SIGNATURE OF PARENT OR GUARDIAN OR 18-YEAR-OLD DATE

X _____ | _____

CLASS OF: _____

Code of Sportsmanship: It is recognized that public school interscholastic athletic events should be conducted in such a manner that good sportsmanship prevails at all times. Every effort should be made to promote a climate of wholesome competition. Unsportsmanlike acts will not be tolerated. A player is under the coach's control from the time he/she arrives at the athletic field until he/she leaves the field. The penalties listed in the MHSAA handbook will be adhered to for any athlete ejected from an athletic contest.

Protect Your Eligibility; Know the Rules: To represent your school in athletics, YOU:

- Must** be a properly enrolled student at the time you participate, must be enrolled as a full time student of the school you plan to participate at.
- Must** have not exceeded eight (8) consecutive semesters of attendance or have participated more than four (4) seasons in any sport since first entering grade nine (9).
- Must** not have turned nineteen (19) on or before September 1.
- Must** live with your parents or legal guardian within the Waterford School District. Unless you are a legal school of choice student.
- Must** be present 100% of the student day on the day of an athletic contest in order to participate in the event. This includes games and practices.
- Must** have passed a minimum of 66% of classes during the previous semester to be eligible by MHSAA standards. Waterford School District academic standards require that all students have no more than 1 E and a 2.0 in their other 5 classes. Students with 2 Es will be ineligible.
- Must** have received a medical examination by a licensed physician, if you miss five or more days of practice due to illness or injury, you must receive a medical release from a licensed physician before practicing or playing (see trainer).
- Must not** accept prizes, merchandise, money, or anything that can be exchanged for money as a result of athletic participation. This includes being on a free list or loan list for equipment, etc.
- Must not** have signed a professional contract, have played on a junior college team or be enrolled and attending a class in college. This does not affect regularly enrolled student who is taking a college course(s) for advanced credit.
- Must not** participate in unsanctioned all-star or bowl games.

Student Athlete Pledge: As a student athlete, I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking, and unnecessary physical contact. I know the behavior expectations of my school, my conference, and the MHSAA and hereby accept the responsibility and privilege of representing this school and community as a student athlete.

Parent Pledge: As a parent, I acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering learning experiences for the students. I must show respect for all players, coaches, spectators, and support groups. I will participate in cheers that support, encourage and uplift the teams involved. I understand the spirit of fair play and the good sportsmanship expected by our school, our conference and the MHSAA. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student athlete.

Waterford School District Athletic Department Sportsmanship/Ejection Policy: We acknowledge that we, both the student and parent whose names appear below, have read and understand the Waterford School District Sportsmanship and Ejection Policy. We understand that the following types of behavior will result in an ejection from an athletic contest: fighting, taunting or baiting, profanity directed toward an official or an opponent, obscene gestures, disrespectfully addressing an official or coach.

- 1st ejection: 1 game suspension.
- 2nd ejection: Suspended for remainder of sport season.
- 3rd ejection: Suspended from ALL athletic competition for 365 days from date of 3rd ejection.

Medical Authorization: As the parent of legal guardian of this student athlete, I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical. I understand that every effort will be made to contact me prior to treatment. Also permission is granted to release medical information to the school and athletic trainer.

Risk of Injury: We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and direction of a Waterford School District athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor the Waterford School District can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly and willfully accept and assume the risk of injury that might occur from participation in athletics.

We, the undersigned student and parent/guardian, certify that the home address shown on this document is my sole bona fide residence and I will notify the school principal immediately of any change in residence, since such a move may alter the eligibility status of my student athlete. We have read this document and understand all these requirements for athletic participation and agree to comply with the requirements set forth in this document. All information contained in this form is accurate and correct.

Providing false information on this form renders it void and the student athlete may lose athletic eligibility.

Student (Signature):_____ Date:_____

Parent/Guardian (**Print**):_____ Date:_____

Parent/Guardian (**Signature**):_____ Date:_____