

Athletes Name: _____ Grade: _____

Address _____

Phone Numbers _____

Priority Charter Schools Athletic and Competition Program Packet

Forms included in the packet:

1. Permission to Participate
2. Student athlete contract
3. Athlete Emergency information form
4. Athlete Physical Waiver Form
5. Student Transportation Form

NOTE: Failure to complete the entire packet will make the student ineligible to participate in athletics and competitions.

Thank you for your cooperation. If you have any questions, please contact us:

If any school issued jerseys or sports related equipment is issued, the parent/student athlete is liable to pay for the loss of that certain item.

ADMINISTRATIVE AND ATHLETIC OFFICE STAFF SECTION:

Athletic Release Packet Received: _____ Date: _____ Initial: _____

Permission to Participate

Athlete

Name _____

I hereby permit _____ to participate in the Priority Charter Schools Athletics and Competitions Program and engage in all activities related to the team, including, but not limited to, trying out, practicing, and playing in competitions. I understand and assume all risk which may include, but are not limited to sprains, fractures, ligaments, or cartilage damage, neck and spinal injuries and serious injury to muscles, internal organs and/or brain, associated with said participation and recognize the importance of following coaches' instructions regarding playing techniques, training guidelines and team rules. As part of this agreement to permit my student to participate in Priority Charter Schools Athletics and Competition I also agree to provide the following forms, fees or information.

____ Athletic Contract

____ Physical or Waiver of Physical Form

____ Permission to Participate Contract

____ Consent for transportation

____ Medical Consent form

____ Sport Sign-up

____(initial) I Acknowledge that I fully understand all the information provided in this contract and it is my desire to consent to my student participating in Priority Charter Schools Athletics and Competition Programs.

(Indicate) Sport(s) Participating In: (There are boys /girls teams for each sport)

____ Volleyball

____ Baseball

____ Kickball

____ Cross Country

____ Softball

____ Chess

____ Basketball Track

____ Soccer

____ Spelling Bee

____ Cheer

Parent/Guardian

Signature _____ Date _____

Athletes / Participation

Signature _____ Date _____

Student Athlete Contract

I, _____, while a participant on the _____ team promise to:

1. Attend all practices and meetings faithfully.
2. Contact a coach personally before the practice or meeting if I must miss it.
3. Faithfully attend all competitions in uniform.
4. Contact a coach or athletic director personally if I am unable to attend a competition.
5. Be a resident of the school district and a full-time student.
6. Maintain my eligibility and academic standing.
7. Avoid participating in any other sport, including any preseason activities, if I quit the sport I started, unless I receive written permission from the athletic director or head coach.
8. Be well-groomed, especially at competitions.
9. Refrain from using drugs, alcohol, tobacco products, and inhalants.
10. Replace any equipment or uniform issued to me, either by payment or the equivalent of the lost article.
11. Turn in before the first practice all the necessary forms issued to me by the coach or athletic director.
12. Report any personal injury or teammate's injury to a coach immediately.
13. Follow all reasonable requests made by the athletic director and coaches, especially those involving practice, diet, rest, and competitions.

Athlete's Signature

Head Coach's Signature

Parent/Guardian's Signature

Athletic Director's Signature

Athletic Department

ATHLETIC EMERGENCY INFORMATION FORM

Athlete's Name _____

DOB _____

Address _____

Home Phone _____

Emergency Phone _____

Email Address _____

Insurance Carrier _____

Policy Number _____

Hospital Preference _____

Physician's Name _____

Physician's Phone _____

Chronic Ailments _____

Conditions _____

I (we) the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize Georgetown Charter Academy, as agents for the undersigned, to consent to any X-Rays deemed advisable by, and is to be rendered, under the general supervision of any physician and/or surgeon licensed under the provision of Medical Practice Act of the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, or any physician in the exercise of his/her judgment may deem advisable.

Signature of Parent

Date

ATHLETES NAME: _____ GRADE: _____

ATHLETIC PHYSICAL WAIVER

(Do not fill out this form if physical was completed)

I, _____ do hereby **DECLINE** to have a physician's physical examination completed prior to the _____ season.

I understand and hereby release Priority Charter Schools from any and all liability or responsibility for my student athlete's condition. I, the undersigned, do also understand that without a physical exam, I allow coaching staff to make, if emergency presents itself, the best decision based from what the student provides or any other possible choice of care during a sports related injury.

Finally, I understand that I am not holding Priority Charter Schools liable for any condition my student athlete may have and I do choose to still allow my student athlete to pursue athletic competition.

Signature of Parent (Guardian)

Date

Student Transportation Permission Form

We, the undersigned, understand and agree that Priority Charter Schools desire to provide a safe and enjoyable environment for all students. However, we understand and agree that accidents can still happen. We understand that there are risks/dangers involved with participating in any off-campus activity. In consideration of our student athlete being allowed to participate in events, we assume responsibility for reasonable risks associated with travel and activities.

Without reservation, we agree to hold harmless Priority Charter Schools, any affiliate organizations, employees, agents and representatives, including volunteers and other drivers, from any and all claims arising from our student athlete participation. We understand that our assumption of risk does not apply to claims of intentional (criminal) misconduct or gross negligence. If such a circumstance is provided by the court of law, we agree that the school can assume no financial liability beyond its actual liability insurance policy provides.

We understand that prior to driving, all volunteer drivers must provide copies of a valid state driver's license, vehicle registration and proof of vehicle insurance. We understand that the driver's vehicle insurance is the primary coverage.

We give permission for the following: (Please initial the appropriate items)

For my student athlete to travel by school bus or charter bus. _____

For my student athlete to travel with a school approved adult driver. _____

(Print Name) _____ as the parent/guardian understand and agree to the conditions and terms described above.

Signature of Parent (Guardian)

Date