

Athlete's Contract

This contract is for all athletics during the 2018- 19 school year.

Athlete's Agreement:

I, _____, representing Bangor Christian Schools' athletic program, do hereby state that I have read the School Handbook and the Athletic Handbook in their entirety, and that I agree to abide by those handbooks, as well as all team training rules and policies. I understand that these policies and regulations are in effect for as long as I am a member of the athletic program. **I further understand that violations may lead to immediate dismissal from the team.**

Parent's Agreement:

We the parent(s)/guardian(s) of _____ do hereby state that we have read the School Handbook and the Athletic Handbook in their entirety and support the rules and policies that our student has agreed to abide by. We will give our student guidance and direction in striving to see that this contract is not violated. We further agree to exhibit exemplary sportsmanship at all athletic events and set an example for not only our student, but our community as well.

We give our permission for our student to travel with the team to and from games and practices, as the school administration deems best. We assume full responsibility, beyond the normal insurance coverage of the school, should any accident occur in training, traveling, or participating in any athletic activity. In the event of an injury or illness, the school has our permission to seek any emergency medical treatment.

Date: _____

Athletes Name: _____
(Please Print)

Athletes Signature: _____

Parent/Guardian Name: _____
(Please Print)

Parent/Guardian Signature: _____

Parent/Guardian Name: _____
(Please Print)

Parent/Guardian Signature: _____

In order to keep you better informed of upcoming sign ups, please complete the following:
(Please check all that apply)

Middle School Student

High School Student

Sports that I would like to participate in:

Soccer

Track & Field

Cross Country

Baseball

Basketball

Softball

Cheerleading

Indoor Track & Field (HS Only)

Swimming (HS Only)

Please complete reverse side

Health Questionnaire for Sports Candidates

(Please Print)

Date: _____

Name: _____

Address: _____

Phone Number (Best number to reach you at): _____

Parent/Guardian Name: _____ Phone/Cell #: _____

Parent/Guardian Name: _____ Phone/Cell #: _____

Name of Family Physician: _____ Phone#: _____

Health Insurance #: _____ Policy #: _____

Hospital Preference: EMMC _____ St. Joseph's _____

Please circle answers:

- | | | |
|--|-----|----|
| 1. The student has had injuries requiring medical attention | Yes | No |
| 2. The student has had an illness lasting more than one week | Yes | No |
| 3. The student is currently under a physician's care | Yes | No |
| 4. The student wear contact lenses | Yes | No |
| 5. The student had been admitted into the hospital overnight | Yes | No |
| 6. The student may be at risk concerning his/her health | Yes | No |

Please explain any "Yes" answer: _____

Parent/Guardian Signature: _____