GRAND HAVEN HIGH SCHOOL ATHLETIC DEPARTMENT

…….. PARENT-ATHLETE PRE-SEASON CHECKLIST……

2016-2017

Please check the following items, then sign and date:

Name: _____ / _____

Last First

- ❑ 1. Student-athlete has a physical in the athletic office dated after April 15, 2016.
- ❑ 2. I understand the Academic Eligibility requirements.
- ❑ 3. I understand the Attendance Eligibility requirements.
- ❑ 4. I have read and will abide by the 'Athletic Code' throughout my athletic career at Grand Haven High School.
- ❑ 5. I have read and will abide by the 'Buccaneers Are Champions of Character' Code.
- ❑ 6. I have read the 'Transportation Procedure and Permission Slip' and grant permission for my child to ride with an approved parent/guardian of a team member.
- ❑ 7. I understand the Facility Fees and Insurance Fee MUST be paid prior to the first contest. Following the first 2 weeks of practice, refunds will NOT be allowed for any athlete who is injured, quits, or is suspended from the team. Financial Aid is available through the Athletic Office.
- ❑ 8. I understand and agree to abide by the Team Rules established by the coaching staff of this program.

Print Student's Name_____
Sport_____

Address_____ **Date of Birth**_____

Student-Athlete Signature_____
Date_____
* My signature confirms I have read and understand the policies checked above.

Parent-Guardian Signature_____
Date_____
* My signature confirms I have read and understand the policies checked above.

Parent Email: _____

<u>Emergency Contact Info</u>:

Contact: 1._____ph#_____

Contact: 2._____ph#_____

Family Doctor:_____ ph#_____

Special Medical Info (allergies, current medications, etc.) _____

I_____, an 18 year old or the parent/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 existing circumstances and to assume the expenses of such care.

_____ _____

Signature of Parent or Guardian or 18 year old student **Date**

RETURN THE FOLLOWING 3 FORMS TO THE COACH:

1. **COMPLETED ATHLETIC CHECKLIST**
2. **COMPLETED PHYSICAL (Dated after 4-15-2016)**
3. **COMPLETED VOLUNTEER ASSESSMENT FORM**