



GRAND HAVEN MIDDLE SCHOOL ATHLETIC DEPARTMENT
PARENT-ATHLETE PRE-SEASON CHECKLIST
2017-18



Name: _____
 Last _____ / First _____

Please check the following items, then sign and date:

- 1. Student-athlete has a physical in the athletic office dated after April 15, 2017.
- 2. I understand the Academic Eligibility requirements.
(At all times student-athletes must be passing 4 out of 6 classes.)
- 3. I understand the Attendance Eligibility requirements.
(A minimum of ½ day attendance is required to be eligible to participate.)
- 4. I have read and will abide by the 'Athletic Code' throughout our athletic career at Grand Haven Middle/High School – Grades 7-12.
- 5. I understand the Facility & Insurance fees 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 assistance is available through the Athletic office.
- 6. 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: _____

Emergency Contact Info:

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 TO MIDDLE SCHOOL ATHLETIC OFFICE: COMPLETED ATHLETIC CHECKLIST
 COMPLETE PHYSICAL (Dated after 4-15-2017)