



2022 FALL SPORTS

COACHES CONTACT AND FIRST ACTIVITY SCHEDULE

Listed below is contact information for fall coaches and the schedule for each fall sport, along with equipment needs. Please direct questions to the coach.

CROSS COUNTRY

Tyler Parsons, Head Coach

Tyler.parsons92@gmail.com

Monday, August 15

Practice 5-7 p.m.

Bangor City Forest (Bog Walk Entrance)

Equipment Needs: *Running attire to include proper running shoes, water*

FALL CHEER

Eva Deans

eva.deans2012@gmail.com

Monday, August 15

Tryouts 3:30-6 p.m.

John Bapst Gym, Bangor

Equipment Needs: *Workout attire including proper footwear, water*

FIELD HOCKEY

Brianne Robertson, Head Coach

brianne.Robertson22@gmail.com

Monday, August 15

Practice 6-7 a.m., 2:30-4:30 p.m.

Union St. Complex, Bangor

Equipment Needs: *Goggles, stick, mouth guard, shin guards, socks, cleats, sneakers, athletic clothes, water*

FOOTBALL

Dan O'Connell, Head Coach

doconnell@johnbapst.org

Monday, August 15

Practice, 7-10 a.m. (John Bapst), 5-7 p.m.

(Dorothea Dix)

Equipment Needs: *T-shirt, Shorts, Cleats, Sneakers, Water (Mouth guards will be provided)*

GOLF

Tom Winston, Head Coach

Minutemanad@aol.com

Monday, August 15

Practice 2:30-5:30 p.m.

Pine Hill Country Club, Orrington

Equipment Needs: *Golf Clubs, practice balls, tees, water*

BOYS SOCCER

Jason Pangburn, Head Coach

jason.pangburn7@gmail.com

Monday, August 15

Practice 6-8 p.m.

Dorothea Dix Field, Mt. Hope Avenue, Bangor

Equipment Needs: *Athletic shorts and shirt, shin guards, soccer socks, cleats, mouth guard, water*

GIRLS SOCCER

Steve Lammert, Head Coach

salammert@icloud.com

Monday, August 15

Practice 8-9:30 a.m.

Darling Center, John Bapst Memorial High School, Bangor

Equipment Needs: *Athletic clothing, clean, "non-street" sneakers, water*



ATHLETIC PARTICIPATION FORM

I. PARENT CONSENT

I hereby certify that the student named below may take part in the sport of _____ which involves practice sessions, participation in athletic events, and transportation to and from such events.

Student Name: _____

Grade: _____

Age: _____

Date of Birth: _____

List any other sports you plan to participate in this year: _____

II. INSURANCE

All students who participate in interscholastic athletic programs at John Bapst must have some form of insurance to cover injuries.

I understand that as a parent/guardian, I am responsible for any medical expenses which may occur as a result of athletic injury.

Family Insurance Company: _____ Policy Number: _____

III. PARTICIPANT/PARENT ATHLETIC CONTRACT

As a student athlete representing John Bapst, I have read and do hereby agree to abide by all team training rules, team and school policies, code of conduct, and transportation rules as set forth by the school and coaching staff. It is understood that these regulations are in effect for as long as I am a member of the program, on the playing fields and courts, during school, and outside school during the season. It is further understood that violations may lead to dismissal from the team.

IV. EQUIPMENT USE AND FINANCIAL RESPONSIBILITY

All student-athletes are responsible for the athletic equipment issued to them by John Bapst. If equipment is stolen or lost, the student-athlete is responsible for the replacement cost. If payment is not received, the student/athlete will forfeit any athletic award and will not be allowed to participate on future athletic teams until all financial obligations have been met.

V. SIGNATURES

The signatures below indicate review and agreement of section I-IV that you have read our rules and policies and agree to support your student/athlete by providing him/her guidance and direction to insure that the contract is not violated.

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____



PHYSICAL EXAM FORM

Every student athlete is required to have a current physical. Proof of that physical can be provided with official documentation from your child's physician or by completion of this form.

Student Name: _____ Date: _____

The above-named student has been examined by me and is physically fit to participate in any/all interscholastic athletic activities during the current John Bapst academic year. This examination is valid for one year from the date of the exam.

Date of exam: _____

Examining physician's signature: _____

Physician's Name (printed): _____