



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: _____