

BANGOR HIGH SCHOOL - DEPARTMENT OF ATHLETICS

ACKNOWLEDGEMENT/AGREEMENT FORM: SCHOOL YEAR 2016-2017

PARENT/GUARDIAN: PLEASE FILL OUT COMPLETELY. PLEASE PRINT

It is the responsibility of the parent/guardian, the student athlete and the coaching staff to understand the behavioral expectations and the supports and protections related to participation in the Bangor High School Athletic Program as established in the following Bangor School Department Policies: JFC Code of Conduct, JFCI Chemical Health, AC Non-Discrimination & Affirmative Action, JHF Injurious Hazing, JICK Bullying in Schools; as well as the Athletic eligibility requirements and the team-based expectations as communicated by the coaching staff.

I/we have read and understand the policies, regulations and guidelines that govern participation in the athletic program and understand that failure to comply with these expectations may lead to disciplinary action, including dismissal from the team or program.

STUDENT'S NAME: _____ SEX: _____

AGE: _____ DATE OF BIRTH: _____ GRADE: _____ DATE ENTERED GRADE 9: _____

Athletic Restrictions Known By Parent: _____

Is student currently under doctor's care or taking any medication? _____ EXPLAIN: _____

NOTIFY IN CASE OF EMERGENCY:

Parent/Guardian Name: _____

Phone: (Home) _____ (Work) _____

Address: _____

Family Doctor: _____ Dr's Phone: _____

INSURANCE: All students who participate in interscholastic athletic programs MUST have some form of Health Insurance to cover injuries. THIS INFORMATION MUST BE FILLED IN. (School insurance may be purchased). Insurance Company: _____

PARENTAL CONSENT: I hereby certify that the student named above may take part in interscholastic athletics for the school year 2016-2017 which involves practice sessions, participation in athletic events and transportation to and from such events. I have read the Athletic Information, Contract and BSD Policies and agree to its terms.

Signature of Parent/Guardian* Date: _____

I have read and understand the Athletic Training Rules & Contract and agree to its terms.

Signature of Athlete Date: _____

PARENTS...in order to keep these vital records up to date, we depend on you to notify us if there are any changes to the above information