

## MEMORIAL ATHLETIC RULES AND REGULATIONS FOR PARENTS AND STUDENTS

Welcome to Memorial Middle School Athletics. Please review the following rules and regulations. A \$50.00 activity fee is required to tryout. It will be refunded if your child does not make the team.

1. Students must be in good academic standing to tryout and participate. (Please refer to the student handbook for details on academic eligibility).
2. Attendance at all practices and games is mandatory. Athletes and parents must realize that missed practice time may affect playing time of the athlete. Students who will be absent from or late to practice should speak directly to the coach in advance. Do not pass a message on via another person.
3. Students must be in school in order to participate in practice of game on that day. Exceptions may be made with prior approval from the principal.
4. An injured athlete who has had medical treatment cannot participate until a release from the doctor is presented to the coach.
5. Uniforms or parts of uniforms may be worn only at the coaches' discretion. Students are financially responsible for uniforms issued to them. All uniforms must be returned to the coach at the conclusion of the season. Any athlete who has not turned in equipment and/or payment obligations at the close of the season will not be allowed to compete in any further competition until the obligation is completed.
6. Athletes are expected to maintain the highest order of sportsmanship at all times.
7. Memorial Middle School coaches have the sole responsibility for the selection of all team members. The team selection is based on the subjective opinion of the coach who will consider the students' athletic ability, sportsmanship, and citizenship when making choices.
8. The amount of playing time, the position the athlete plays is the sole decision of the coach. Younger students may play over older students. It is possible that students may not play at all. Payment of the participation fee is not a guarantee of any playing time.
9. All athletes are expected to fully participate in Physical Education class. No athlete is excused from Physical Education for athletic reasons. If an athlete is unable to participate in Physical Education he/she will not be allowed to participate in their sport for that day.
10. Students are responsible for their personal property. Students should never leave property unlocked. Students should keep their property with them at the practice area.
11. An athlete who is on suspension from school is not eligible to practice or take part in a contest until he/she is allowed to return to school.
12. Students must follow the school rules.

Parents have the right to set academic and behavioral standards above and beyond the school standards for their children. Parents have the right to revoke their child's privilege to participate on an interscholastic team. Working together to develop responsible young people is a team effort, and we need you on our team. **Coaches may also set rules that supersede those listed above.**

**REMINDER: Students must have had a physical examination that is on file with the school nurse that will not expire until the season is over.**

Sport \_\_\_\_\_ Date of Physical: \_\_\_\_\_

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's  
Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Father's Place of  
Employment \_\_\_\_\_ Address \_\_\_\_\_

Mother's  
Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Place of  
Employment \_\_\_\_\_ Address \_\_\_\_\_

In an emergency, if parents cannot be contacted, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Dentist Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Known Allergies (Food, Drugs, Medications, Insect Bites or Stings):

\_\_\_\_\_

Indicate any information that you consider of importance in case of serious injury:

\_\_\_\_\_

I acknowledge that I have read and understand the rules, policies and procedures as printed in this document and I agree to comply with these regulations. I understand that I must pay an activity fee of \$50.00 that is refundable in the event your child does not make the team.

I give my permission for \_\_\_\_\_ to participate in \_\_\_\_\_ (sport) and understand that such activity involves the potential for injury, which is inherent in all sports. Injuries are always a possibility. On rare occasions, these injuries can be so serious as to result in total disability, paralysis or even death.

Signed \_\_\_\_\_ (father) Date \_\_\_\_\_

Signed \_\_\_\_\_ (mother) Date \_\_\_\_\_

Signed \_\_\_\_\_ (student) Date \_\_\_\_\_