WAYNESVILLE R-VI SCHOOL DISTRICT

ATHLETIC COMMITMENT FORM

2012-2013

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PARTICIPANT’S NAME (PRINT) GRADE

Prior to participating in any practice or tryout session for any interscholastic sport, each

student athlete must successfully pass a physical examination by a registered physician and a copy of such examination must be on file in the office of the building athletic administrator. A physical exam is valid if issued on or after February 1 of the previous school year.

Prior to participating in any MSHSAA and/or Waynesville R-VI School District sponsored event each student athlete must have on file in the office of the building athletic administrator the Athletic Commitment Form with parent and student signatures.

As a student-athlete participating voluntarily in interscholastic athletics,

1. I have read the Athletic Handbook and understand what MSHSAA and the Waynesville R-VI School District expects from me in regards to sportsmanship, citizenship, scholastics, and staying free from tobacco, alcohol, and illegal drug use while enrolled in this school. I understand the consequences for breaking MSHSAA and/or school policy and I will not do so while a Waynesville R-VI School district student participant. I understand that this is a year-round (365 day) commitment.

2. I will be responsible for all athletic equipment issued to me throughout the season, will return such equipment at the conclusion of the season, and will pay the current replacement cost for any of the equipment not accounted for by me at the end of the season.

3. I acknowledge that I have been properly advised, cautioned and warned by administrative and coaching personnel of the school district that I am exposing myself to the risk of injury, including but not limited to the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis, or even death. Having been so cautioned and warned, it is still my desire to participate in sports and to do so with full knowledge and understanding of the risk of injury.

4. I, along with my parents, certify that we have read and understand all of the school district athletic policies in the Athletic Handbook and MSHSAA eligibility standards. In order to be eligible for participation, I understand I must comply with all requirements listed.

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Home Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_