

Natomas Charter School's Leading Edge Academy

Player and Parent Athletic Participation Packet

Player and Parent Athletic Participation Acknowledgement Form

Your signatures below acknowledge that you agree to support the Leading Edge athletic program's philosophy and expectations as outlined in the Athletic Handbook. All requirements are meant to help guide student athletes and their families to a fun, competitive, and exciting season.

PARENT COMMITMENTS:

YES

- I have read and understand the Athletic Handbook on the Leading Edge Website.
- I have completed and attached the Athletic Participation Form.
- I have completed and attached the Parent Participation Commitment Form.
- I have attached a check in the amount of fifteen dollars made payable to NCS for the athletic participation fee.
- I have completed and attached the School Driver's Certification Form and a copy of my car Declaration Page if I will be driving athletes to and from games.
- I will ensure that my child is promptly picked up after games and practices.

STUDENT ATHLETE COMMITMENTS:

YES

- I have read and understand the Athletic handbook on the Leading Edge website.
- I will maintain a minimum GPA of 3.5 during the season.
- I will show respect to coaches and adults at all times on and off the court.
- I will practice good sportsmanship on and off the court during games and practice.
- I will report to practice and games on time and ready to participate.
- I will be responsible for my uniform and return it in good condition at the end of season.
- I will inform coaches if I have to miss a game or practice.

Student Signature_____ Parent Signature_____

Athletic Participation Form

To be signed by the student

Name: _____ School Year: _____

Home Address: _____
street city ZIP

If accepted as a team member, I agree to abide by the rules and expectations as stated in the athletic handbook. If I am unable to do so, I understand that I may become ineligible to participate in afterschool team sports.

Date: _____ Student Signature: _____

Parent Consent

To be completed and signed by the parent or guardian

In accordance with the rules of Natomas Charter School, I give my consent and approval to the participation of the student named above for sports circled below:

Soccer Basketball Volleyball Track Wrestling

I (We) hereby permit my (our) son/daughter to participate on the _____ team and to engage in all the activities related to the team, including, but not limited to, trying out, practicing and playing in competitions. I (We) also understand that we assume all the risks associated with participating on the _____ team. In addition, I (We) understand that my (our) son/daughter must maintain a minimum 3.5 GPA in order to remain on the team.

In the event of an accident or other emergency, when a parent / guardian is unavailable, I hereby authorize a representative of Natomas Charter School to make arrangements as he / she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he / she considers necessary. In the event said physician is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

THE UNDERSIGNED HEREBY AGREES TO BEAR ALL COSTS INCURRED AS A RESULT OF THE FOREGOING. I understand students must adhere to all **Off Campus Activities** rules when they travel for afterschool sports, and that travel to away games and practices may be via car-pooling provided by participant families.

I GIVE MY SON / DAUGHTER PERMISSION TO TRAVEL AND PARTICIPATE IN TEAM FUNCTIONS INCLUDING AWAY/OFF CAMPUS GAMES.

Parent Signature: _____ Date: _____

All students participating in athletics need to be covered by medical insurance (If your student is not covered, please call the NCS Main Office for information on Student Accident Insurance).
Please list medical information below:

Insurer: _____ Policy Number: _____

PARENT PARTICIPATION COMMITMENT FORM

Student Name _____

Parent Name _____

Contact Information (Phone/Email) _____

There is a \$15.00 dollar participation fee (which will be added to your parent hour contributions).

Parents are required to volunteer 6 of their 30 parent hours to support athletics for each season the student participates. You may volunteer to work in the snack bar, at the game, or by transporting athletes, or by donating supplies for the snack bar (for each \$15 you will be credited one hour).

Please circle 3 of the 4 columns and dates you will work.

<u>Transportation</u>	<u>Snack Bar Donations</u>	<u>Working J.V. Games</u>	<u>Working Varsity Game</u>
<p><i>Dates: Circle dates available.</i></p> <p><i>Dates: Circle dates available.</i></p> <p>Thurs. 1/12 @ Mitchell dismissal 2:45</p> <p>Fri. 1/27 @ Capital dismissal 2:45</p> <p>Thurs. 2/9 @ Mitchell League Tournament. Dis</p> <p style="text-align: center;"><u>Driving forms need to be completed and turned into the office.</u></p>	<p>I will donate at least 2 hours of needed items to the snack bar.</p> <p>Will be contacted for items needed.</p> <ul style="list-style-type: none"> • Hot Dogs • Nacho cheese • Nacho chips • Candy • Soda • Sports drinks • Water • Pizza • Hot Pockets • Chicken Sandwich. 	<ul style="list-style-type: none"> • Snack Bar • Gate • Snack Bar • Gate • Snack bar • Gate 	<p>Thurs. 1/19</p> <ul style="list-style-type: none"> • Snack Bar • Gate <p>Thurs. 2/2</p> <ul style="list-style-type: none"> • Snack Bar • Gate

SCHOOL DRIVER CERTIFICATION FORM

DRIVER (Circle One): Employee Parent/Guardian Volunteer

Name: _____ Date of Birth: _____

Address: _____ Driver License No : _____

_____ Expiration Date: _____

Telephone No.: () _____

VEHICLE

Name of Owner: _____ Year: _____

Address: _____ Make: _____

_____ License Plate No: _____

Registration Expires: _____ Seating Capacity: _____

No. of Seat Belts: _____

INSURANCE INFORMATION

Insurance Company: _____

Policy No.: _____ Expiration Date: _____

Liability Limits of Policy: _____

(The minimum acceptable liability limit for privately-owned vehicles is \$100,000 per occurrence. If you transport students often, it is recommended that your coverage be \$300,000 per occurrence).

Name of Agent: _____ Telephone No.: _____

I certify that I have not been convicted of Reckless Driving or Driving Under the Influence of Drugs or Alcohol within the past five years, and that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages. I have attached a current copy of my Insurance Declaration.

Name: _____ Date: _____