



Crossroads Charter Schools

9th-10th Grade Athletic/Activity Commitment Form & Waiver (2018-2019)

PARTICIPANT'S NAME (*PRINT*) _____ GRADE LEVEL _____

PLEASE SELECT ALL THE SPORTS IN WHICH YOU ARE INTERESTED:

_____ **VOLLEYBALL** (*GIRLS ONLY*)

_____ **BASKETBALL** (*BOYS & GIRLS*)

_____ **SOCCER** (*BOYS & GIRLS*)

_____ **TRACK AND FIELD** (*BOYS & GIRLS*)

_____ **CROSS COUNTRY** (*BOYS & GIRLS*)

_____ **CHEERLEADING** (*GIRLS ONLY*)

Prior to participating in any practice or tryout sessions for any interscholastic sport, each athlete must:

- Successfully pass a physical examination by a registered physician or other authorized healthcare provider, and the copy of such examination must be on file in the office of the building athletic director. The physical exam is valid if issued on or after February 1 of the previous school year.
- Return the Activity/Athletic Commitment Form properly signed with both parent and student's signature.
- Provide proof of personal health insurance.

As a school's student-athlete participating voluntarily in interscholastic athletics. I verify that:

1. I have reviewed the information and understand what Crossroad Charter Schools expects from me in regards to sportsmanship, citizenship, scholastics, and staying free from drug/alcohol/tobacco use while enrolled in this school. I understand the consequences for breaking school policy, and I will not do so while a Crossroad Charter Schools student participant. I understand that this is commitment to whichever sports that I have selected above. I will be responsible for all 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.
2. 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.
3. I, along with my parents, certify that I have reviewed, understand, and will follow all of the school district policies in the handbook. In order to be eligible for participation, I understand I must comply with all requirements listed.
4. I understand I must be enrolled and have passed a minimum of six credit classes the semester prior to participation as well as being enrolled in six credit classes the current semester of participation. I understand that I must pass 80% of my credits in order to participate.

Student Signature _____ Date _____

As a parent/guardian of a student participating voluntarily in Crossroads Charter Schools athletic/activities, I have reviewed the information, discussed it with my son/daughter, and will support Crossroads Charter Schools in its efforts to promote good citizenship.

Parent Signature _____ Date _____