

BCCS High School Athletics Parent/Guardian Contract

I will ensure that my child attends all scheduled practices and games, unless he/she is sick or there is a family emergency that prevents him/her from attending. I understand that if my child misses two practices in a row for reasons other than those listed above, he/she may be removed from the team.

I support my child in his/her academic work, and will reinforce the idea that academics are the first priority for all students at BCCS. I understand that the 2017-2018 Student Handbook eligibility requirements are: Students are encouraged to try out for sports teams, regardless of academic standing. However, if a student has a year-end failing average in one class, the student will only be allowed to participate in practices. If a student has a year-end failing average in two or more classes, the student will not be allowed to participate on the team. Eligibility will be determined and/or rechecked at the progress report and report card each quarter and any changes in eligibility will go into effect the same day progress reports or report cards are distributed. More specifically:

<i>Start of Season</i>	<i>Applicable Progress Reports and Report Cards</i>
Fall Sports: August 30, 2017	<ul style="list-style-type: none"> ● PR#1: October 4, 2017 ● RC#1: November 7, 2017
Winter Sports: November 28, 2017	<ul style="list-style-type: none"> ● PR#2: December 4, 2017 ● RC#2: January 23, 2018 ● PR#3: February 27, 2018
Spring Sports: April 3, 2018	<ul style="list-style-type: none"> ● RC#3: April 10, 2018 ● PR#4: May 21, 2018

I will make sure that my child comes to school ready for practice. This means that I will check to make sure my child has completed all of his/her homework; that I will provide the appropriate clothing and equipment and ensure that my child brings these things to school; and that I will pack my child a healthy snack for the time between the end of school and the start of practice.

I will make sure to pick my child up on time after practice and home games . I understand that if I am repeatedly late in picking up my child, he/she may be removed from the team.

I will ensure that all of my guests to our games, home and away, will behave appropriately before, during, and after my child and his/her teammates are competing on the field.

I will treat my child, his/her teammates, his/her coaches, his/her competitors, and all game and league officials with respect at all times; this includes in-person interactions and on social media. I understand that a negative attitude is unacceptable, and that I must work to be a contributing supporter of the BCCS athletic programs at all times. Above all else, I understand that my child's primary goal as a member of the team is to compete to the best of his/her ability, regardless of the outcome of any of our games. I understand that my child can be removed from the team by the coach, Athletic Director or Principal if he/she violates the BCCS code of conduct.

Signature: _____ Date: _____



Athletic Participation Form 2017-18

A copy of current physical must accompany this form if not on record with the nurse
It is recommended that all athletes receive a baseline concussion test from a physician

Last Name: _____ First Name: _____ Grade: ____

Address: _____

Parent/Guardian's Name _____ Cell Phone # _____
Emergency Contact Person _____ Telephone # _____

Parent/Guardian Permission Form for BCCS Athletics

I _____, the undersigned [father, Mother, legal guardian] of _____, a minor student, do hereby consent to his/her participation in BCCS Athletics and do forever release, acquit, discharge, and covenant to hold harmless the Boston Collegiate Charter School and its agents, employees, and volunteers, from any and all actions, causes of action and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have as the parent/guardian of said minor, and also all claims of right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her age of majority resulting from his/her participation in BCCS Athletics.

To my knowledge, my son/daughter has not been treated for any pre-existing pathological condition that could be aggravated by participating in interscholastic athletics. In the event of an injury requiring medical attention, I hereby grant permission to the supervising coach(s) or staff to attend to my son or daughter. If the injury warrants further medical attention and if reasonable efforts to contact me are unsuccessful, I grant permission for the necessary medical treatment to be given. In addition, I hereby give my permission to the supervising coach(s) or staff to take my child to a physician, dentist or to the hospital if an accident or serious illness occurs while participating in the athletic program and I cannot be reasonably contacted.

Signature of Parent or Guardian of BCCS Athlete

Date

