



**AMERICAN  
HERITAGE ACADEMY**  
FAITH • PATRIOTISM • LEADERSHIP

## **2023/2024 Athletic Registration Agreement to Participate**

I am aware that playing or practicing in interscholastic sports can be a dangerous activity involving many risks or injury. I understand that the dangers and risks of playing or practicing these activities includes death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to bones, joints, ligaments, muscles, tendons, and other aspects of my body, general health and well-being. Because of the dangers of participating in these activities, I recognize the importance of following the coach's instructions regarding playing techniques, training, rules of the sport and to obey such instructions. I also understand that in order to maintain my eligibility to participate in interscholastic sports, I must abide by these instructions, as well as all applicable school, team, and state rules. In consideration of American Heritage Academy permitting me to practice, play or try out for the athletic programs, and to engage in all activities related to the team, including practice, play and travel, I hereby voluntarily assume all risks associated with participation and agree to exonerate and save harmless American Heritage Academy, their agents, servants and employees from any and all liability claims, causes of or demands of any kind and nature whatsoever which may arise by or in connection with any activities related to the American Heritage Academy athletics program.

**Sports I plan to participate in at American Heritage Academy:**

\_\_\_\_\_

Student's Name (print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Email: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any Allergies: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

## **Parental Consent**

I have read and kept a copy of the Agreement to Participate in Athletics. Therefore, I understand the potential risks of injury and the responsibilities for my child while participating in athletics at American Heritage Academy. I hereby grant my permission for my child to participate in interscholastic sports.

Parent's Name (print): \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Athletic Consent and Permission to Provide Medical Treatment

I hereby give my consent and/or permission:

To compete in American Heritage Academy athletics, I give my consent for him/her to go with school authorized drivers on athletic trips. I understand my son/daughter must comply with the eligibility requirements. I have read, understood and agree to the provisions of the American Heritage Academy Parent Handbook.

To obtain medical treatment, I give my permission for my son/daughter to undergo medical treatment for any injury or illness he/she may sustain or acquire while engaged in interscholastic athletics at American Heritage Academy. In the event that serious medical procedures are required, such as surgery or other invasive procedures, I understand that attempts will be made to contact me for my consent. I understand that if my child suffers a potentially life-threatening injury or illness, and in the even I am unable to be contacted within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to treat the problem.

Student name: \_\_\_\_\_

Parent name: \_\_\_\_\_ Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Media Release

At times, during and after the school day, school personnel and/or news media may as to interview, photograph, audiotape, file and/or videotape students. This material may be used in media that includes: yearbook, newspaper articles, television coverage, websites, internal and external publications, newsletters, video presentations, and/or school presentations. Your signature below authorizes the school to release your child's name, photograph, and/or audio/video/film production for publication related to school functions and activities. Examples may include, student activities, individual or group achievements, and/or sporting events. Once signed and dated, this form shall remain in effect until the end of the current school year. At any time during the school year, however, you may revoke this permission for future use by notifying in writing the headmaster of the school.

**Please initial one:**

Give permission: \_\_\_\_\_ Do not give permission: \_\_\_\_\_

For American Heritage Academy to release my child's name, photograph, and/or audio/visual/film reproduction for publication, broadcast or posting to the American Heritage Academy websites, as described above.

## Code of Conduct for Scholar-Athletes

**During competition, an AHA scholar-athlete:**

1. Realizes that both winning and losing are part of the game and learns to accept both. Be modest in victory, be gracious in defeat, and always congratulate your opponent on a well played game.
2. Has complete control of himself/herself at all times. Horse play, displays of temper, use of profanity, disrespect of coaches or officials will result in loss of privileges for the athlete and in disciplinary action from the coach or officials will result in loss of privileges for the athlete and in disciplinary action from the coach and/or Headmaster.
3. Will respect the decision of the officials. The breaks of the game may go against you, but the officiating is not to blame, Officials are human beings who are doing their best to see that a contest is being run smoothly and honestly in accordance with the established rules.

**In the classroom, an AHA scholar-athlete:**

1. Must realize that he/she is a scholar first, an athlete second. The scholar-athlete must maintain a C grade point average and not be failing any class.
2. Must maintain good behavior, giving respectful attention to classroom activities and by treating teachers, administrators, and other scholars with respect.

**When traveling, and AHA scholar-athlete:**

1. Arrives at the away school at least 15 minutes prior to the game time in uniform ready to play.
2. Conducts himself/herself properly and is respectful of the away school's property and facilities.

**Uniform Policy**

A game uniform will be issued prior to the first game, and scholars are responsible for the care and return of these uniforms at the end of the season. Parents will be charged for lost or damaged items. Uniforms may only be worn during AHA games or tournaments.

We have reviewed the Code of Conduct and understand the rules and guidelines and will abide by all of the rules. We will be responsible for the care and safe return of all athletic equipment and uniforms issued. I agree to pay for any item that is damaged or lost.

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Print Scholar Name

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Scholar Signature

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Parent/Guardian Signature

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Date

**Parent Conduct**

Parenting and coaching are both extremely difficult vocations. All of our children will benefit when we become more aware of each other's roles and responsibilities as parents and coaches. Remember that our coaches are volunteering their time and talents. Treat them with courtesy and respect, and insist your student does the same.

You may become concerned that your child is not playing as much as you may hope or their position status. Coaches make decisions based on what they believe to be best for the team and all students involved.

Procedure to follow if there is a concern to discuss with a coach

Please set up an appointment with the coach. Do not attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and the coach. Meetings of this nature do not promote a positive resolution of concerns.

Please call to schedule an appointment with the Athletic director if you did not come to a satisfactory resolution.

**Absence and Tardiness to School**

If a student is absent on a school day, he/she may not participate in school events that day. Any student dismissed early, for a reason which is not compelling, may not participate in after school activities/sports that day.

I have read and understand the requirements of the parent agreement and will uphold them to the best of my abilities.

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Parent/Guardian Signature

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Date

## Athlete Emergency Information

Student Name (print): \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Parent Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Any Allergies: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_