** Athlete Contract

Congratulations on becoming a member of CAS athletic Team! Being a Student Athlete is a privilege and with privileges come responsibilities.
​ As one of our athletes, we expect that players will comply with the following expectations and responsibilities.
 Athletes will commit to participate fully in the Athletics program. This includes:

Athletes will perform to the best of their abilities in all classes. You are a student first and an athlete second. Failing to complete assignments, submit work, or maintaining a passing grade, indicates an inability to handle the load of being a team member as well as a student. If teachers are not satisfied that you are working to your potential, you may be suspended from competition until improvement is shown.

1. Committing to all practices, games and team experiences. Be on time for practice. This means on the floor or field, ready to go when practice is  scheduled to start. Practice time is quality time. If you do not practice, you may not play.

2 Comply with all team, school, and school system rules, regulations, and policies**

 **3. Committing to staying on the team until the end of the season, unless mutually agreed upon by the coach and athlete.**

 **4. Respect calls and decisions made by the officials.**

 **6. Complete the school medical forms and paperwork**

 **7. Athletes must choose to conduct themselves in a manner that displays respect for coaches, teammates, game officials, and opponents.**

 **8. Making arrangements to fully take care of all team fees.**

 **9. In addition to other infractions, a student may be suspended or removed from a team for unexcused absences or chronic tardiness to classes or team practices.

10. Taking good care of uniforms and equipment issued for player use. Uniforms will be provided by the school for athlete use. Athletes are responsible for the safe keeping, proper laundering after each use, and return of uniform(s) to the coach immediately after the season ends. The athlete will be charged the full cost of the uniform if it is not returned, or returned damaged due to neglect.

Remember that as an athlete you are representing yourself and your School. Your conduct and sportsmanship should always reflect on you and the school in the best possible way. Coaches are expected to remove players who cannot demonstrate a high level of sportsmanship.
11. If a parent feels a need to communicate a concern, the parent should contact the coach and/or athletic director via email with their concerns or to arrange a later meeting

I;    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    as an athlete at CAS, recognize that there are high expectations for my conduct both during competition and as a student. I agree to adhere to the above expectations, and understand that if at any time I do not live up to the terms of this contract, my participation may be restricted or terminated. I further understand that should this occur I forfeit any fees paid and will not be reimbursed**

**Student Signature    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**

 **Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**

 **Medical Health**

Full Name (Last Name, First Name):

Home Number:

Emergency Number:

Alternate Contact Info:

**Family Health Insurance Information**

1. Full legal name of student:

2. Full legal name of parent:

3. Insurance company's Name:

4. Insurance Policy Number:

5. Expiry date of Insurance Policy:

6. Insurance Company Phone Contact & Number:

**Medical Information:**

Please circle the appropriate response if your child currently has or has ever had any of the following. The team leader will take this form on the trip to respond effectively to any first-aid situations that might arise. Please use the back of the form to explain “yes” responses or to bring to our attention any special needs your child might have.

Allergies (please specify) no yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asthma no yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respiratory problems no yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Broken bones no yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dislocated bones no yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Back problems no yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Torn muscles, tendons or ligaments no yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High/low blood pressure no yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Heart problems no yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pinched nerves no yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emotional/psychological no yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (please elaborate on the back) no yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dietary restrictions**

Please list food items that your child can not eat and tell us if he/she will bring his/her own food supplements. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date** \_\_\_\_\_\_\_\_\_\_\_\_

 Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_