

2009-2010 Park City High School Athletic Participation Contract

- 1- Please **complete** the following information.
- 2- **Initial** all statements and return to the High School Main Office.
- 3- **Athletes WILL NOT BE ALLOWED TO COMPETE UNTIL THIS FORM IS COMPLETED & RETURNED.**

Name Sport(s)

Male or Female (circle one) Grade _____ Phone# _____

Student Athlete Code of Conduct

I will abide by Park City High School District (PCSD) and Utah High School Athletic Association (UHSAA) rules and policies regarding athletic participation at Park City High School. I understand that athletics is a department of the high school curriculum and participants are expected to conduct themselves as they would in any classroom. A breach of any of these rules or policies will result in disciplinary action and may result in removal from the team.

1. _____ I will act responsibly at all times while participating in PCHS Athletic Program. This will include appropriate actions, conduct, and behavior.
2. _____ I will promote good sportsmanship at all times.
3. _____ I will abide by all school rules and policies including the following:
_____ Academic requirements
_____ Alcohol and drug use
_____ Attendance policies
4. _____ I will travel on school provided transportation at all times, unless I have provided a note to the ATTENDANCE OFFICE **24 HOURS** in advance of departure. If I have received administrative approval with a permission slip from the ATTENDANCE OFFICE, my coach will **only** release me to my parents or guardians.
5. _____ I will abide by all team rules and will attend scheduled practices and contests. Absences will be arranged with the coaches approval. Unexcused may result in removal from the team.

Student Athlete's Signature _____ Date _____

Parent's Consent and Code of Conduct

I / We agree to adhere to the rules and policies concerning my/our child's participation in athletics in Park City High School. I / We will...

1. _____ Act respectfully and responsibly at all times while in attendance at athletic contests /practices
2. _____ Promote good sportsmanship at all times
3. _____ Address all issues and concerns in a responsible manner following the appropriate chain of communication : Coach, Athletic Director, Assistant Principal, Principal.

Parent / Guardian Signature _____ Date _____

I / We understand that Park City High School and Park City School District do not carry accident / injury insurance. I / We understand that such insurance is available for purchase prior to October 1st. Please mark one of the following statements:

_____ * I / We have accident / injury insurance for the participant.
Carrier _____
Policy # _____

_____ * I / We do not have medical coverage on the participant and will assume all medical costs.

Parent / Guardian Signature _____ Date _____