

Athletes Name _____ Grade _____

Sport _____ Year _____





HUNTER HIGH ATHLETE'S CHECKLIST FORM

PARTICIPATION IN SPORTS (Please Initial)

_____ **ACKNOWLEDGEMENT OF RISK IN PARTICIPATION AND RISK OF TRAINING ON ROADWAYS.** There is a possibility of injury during participation of a sport or when training on public roadways. Both the athlete and their parent or guardians acknowledge this risk and will not hold Granite School District liable for injury,

_____ **CONSENT FOR EMERGENCY CARE:**
This is to help expedite medical care, should you need it.

_____ **PHYSICAL EXAMINATION FORM:**
It is necessary to have a complete physical each year of participation. You must have the physical form completed by a doctor and signed by a parent or guardian.

_____ **PRIVATE TRANSPORTATION FORMS** One or both of these form must be completed.

_____ **GRADE POINT AVERAGE OF 2.00 OR HIGHER AND NO MORE THAN 1 F GRADE FROM PREVIOUS TERM.** For Cross Country, Drill, Football, Volleyball, Girls Soccer, and Girls Tennis, 4th terms grades from the previous school year will count for eligibility.

_____ **TRYOUT CHECKLIST AND READING OF THE UHSAA BY-LAWS**
By-laws pages are to be read carefully. They are available online at uhsaa.org or copies are available upon request in the school library.

_____ **FEES PAID (A LIST OF FEES IS INCLUDED)**
(Students who are eligible for fee waivers should check with the administration.) Once an athlete is selected as a member of the team, fees must be paid. No refunds will be made after the league games begin.

ATHLETE PARTICIPATION FEES: (Individual Maximum per year: \$100.00)

Basketball, Football, Golf	\$50.00 each
Baseball, Debate, Soccer, Softball, Swimming, Track, Volleyball, Wrestling	\$40.00 each
Cheerleaders, Cross Country, Drill Team and Tennis	\$35.00 each
Personal articles of athletic clothing are not to exceed	\$160.00/sport.
Football Helmet Safety fee	\$35.00

(This safety fee is assessed to every football player in addition to their participation fee.)

_____ **INSURANCE- PARENTS PLEASE BE ADVISED THAT THE GRANITE SCHOOL DISTRICT DOES NOT CARRY INSURANCE ON YOUR ATHLETE!**
Insurance can be purchased at the school from **STANDARD LIFE and CASUALTY INSURANCE COMPANY** Located at 630 East South Temple, Salt Lake City, Utah. They offer student insurance. Brochures are available in the main office. It is strongly recommended that you have insurance on your student athlete.

_____ **COMPLETELY FILL OUT THE ATTACHED FORMS AND TURN THEM INTO YOUR COACH.** No game uniform will be issued to you until this packet is completed, along with your participation fee paid and in the case of football, the \$35.00 helmet reconditioning fee being paid. You will be eligible to participate when you complete the above steps.

ATHLETE'S REQUIRED CHECKLIST
Must Complete and return before a suit will be issued.

ATHLETE COMMITMENT:

I HEREBY COMMIT TO ABIDE BY THE FOLLOWING RULES:

1. Maintain high academic and citizenship grades (2.0 minimum.) and attend all classes on time.
2. Be on time to practice and work hard to better my team and myself.
3. Take my problems to the captains or my coach and leave them off the playing field.
4. Remain loyal and supportive to my teammates, my coaches, and myself
5. Play for only the Hunter High School sport you belong to during that season.
6. Follow the UHSAA Policies on all BYLAWS.
7. Treat my teachers, coaches, officials and teammates with respect.
8. Not use Alcohol, drugs, or tobacco.

I UNDERSTAND THE MY PARTICIPATION IN GAMES/MATCHES/MEETS WILL BE BASED ON THE FOLLOWING:

1. How hard I work in practice, how well I know the sport, and how coach able I am.
2. Any un-excused absence could result in not dressing or competing in the next game/match/meet.
3. Any practice missed without notifying a coach prior to the practice could result in not playing in the next game/match/meet.
4. I understand there is no guarantee of playing time. It is at the discretion of the coaching staff.

HUNTER HIGH ATHLETES ARE EXPECTED TO FOLLOW THE GUIDELINES FOR THE REGION III SPORTSMANSHIP POLICY AS FOLLOWS:

1. Be courteous and respectful to all. (team, coach, opponents, officials, and fans)
2. Know the rules and abide by them.
3. Win with character, lose with dignity.
4. Appreciate good performance and maintain positive attitudes and behavior.
5. Exercise Self Control and display pride in your school and community.

ATHLETE

Date

PARENT COMMITMENT

As a parent, I certify that I have read the Athlete Commitment Contract and fully understand how my son or daughter's playing time can be affected by missed classes, missed practices or tardiness to class. I will fully support the coaches' policy on playing time and will encourage my son or daughter to do the same. I understand the Region III policy for sportsmanship applies to fans as well as players and will conduct myself in accordance to the guidelines.

Parent or Guardian

Date

HUNTER HIGH LETTERING PROCEDURES:

The athletes of Hunter High have an excellent opportunity to bring honor and recognition to the school and themselves through their participation in athletic competition. **ONLY PARTICIPANTS WHO HAVE EARNED THEIR LETTERS ACCORDING TO THE STANDARDS SET UP BY THE SCHOOL SHALL BE PERMITTED TO WEAR A LETTER JACKET.** All awards are dependent on a record of good conduct and citizenship. A student may be declared ineligible for an honor through failure to abide by the laws of the school or because of offensive conduct even though he/she may otherwise have earned the recognition. No letter will be awarded to any athlete who does not complete the sport season in good standing. Senior athletes may receive a letter if the head coach feels they have contributed to the success of the team, even if they have not met the minimum requirements. **IN ALL CASES, THE COACH OF THE RESPECTIVE SPORT SHALL HAVE FINAL PREROGATIVE IN DECIDING WHO SHALL RECEIVE A LETTER.**

TITLE IX DISCLAIMER AND GRIEVANCE PROCEDURE

Title IX, a federal law passed in 1972 states and the cornerstone in the fight for gender equity in education, states:

No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving federal financial assistance. 20 U.S.C. Section 1681

Hunter High School follows all guidelines and procedures to meet the Title IX requirements. If you feel that our school is not in compliance with Title IX guidelines or Educational Equity, please contact:

*Granite School District
Department of Educational Equity
2500 South State Street
Salt Lake City, UT 84115-3811
Telephone: (801) 646-4205
Fax: (801) 646-4203*

ACKNOWLEDGEMENT OF RISKS IN SPORTS PARTICIPATION

I, _____, hereby acknowledge that I have been properly advised, cautioned and warned by the coaching personnel of Granite School District that by participating in any sport **I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a permanent, partial or complete, impairment in the use of my limbs; brain damage; paralysis or even death.** Having been so cautioned, it is still my desire to participate in the Granite School District athletic program. I further acknowledge that I do so with the full knowledge and understanding of the above mentioned risks to which I am exposing myself by participating in sports.

Signature of athlete _____ Date _____

.....
ACKNOWLEDGEMENT OF RISKS IN SPORTS-TRAINING ON ROADWAYS

Name _____ School HUNTER Sport _____

I am aware that there are inherent dangers and risks involved with training (running, walking, biking) on public or private roadways. The dangers include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of my body, general health and well-being.

Because of the dangers of training on public or private roadways, I recognize the importance of listening to and following all of the coach's instructions and warnings regarding safety, training methods and team rules governing my practice routines.

In consideration of the Granite School District permitting me to participate in a sport requiring various amounts of time training on public or private roadways, I HEREBY VOLUNTARILY ASSUME ALL RISKS AND HAZARDS ASSOCIATED WITH SUCH PARTICIPATION AND I AGREE TO WAIVE ALL CLAIMS OF WHATEVER NATURE, fully and finally, now and forever for myself, my estate, my heirs, my administrators, my executors, my assignees, my successors, and all members of my family, and to release, exonerate, discharge and hold harmless the above named school district and Hunter High School, their trustees, officers, agents, successors and assigns, all coaches, athletic directors, athletic trainers, physicians, and other practitioners of the healing arts treating me, from any and all liability, claims, causes of action, or demands arising out of any injuries to my person, or property, or losses of any kind and nature whatsoever, which may result from or in connection with my participation in any type of training on public or private roadways.

Athlete's Signature _____ Date _____

I, _____, am the parent/legal guardian of the above-named athlete. I am aware of the dangers and risks outlined above associated with sports training on public or private roadways. Because of the risks listed above, I recognize the importance of my child/ward listening to and following all of the coach's instructions and warnings regarding safety, training methods and team rules governing practice routines.

I HEREBY ACKNOWLEDGE THAT MY CHILD/WARD ASSUMES ALL RISKS ASSOCIATED WITH TRAINING AT SCHOOL OR ON THE ROADWAYS.

Parent/Guardian's Signature _____ Date _____

PARENTAL PERMISSION TO BE TRANSPORTED BY PRIVATE VEHICLE

Dear Parent:

It is occasionally necessary to use a private vehicle to transport students to school activities. The following guidelines apply when private vehicles are used:

1. The activity is approved by the principal and is sponsored by the school or district.
2. The driver, whether student, teacher, or parent, must have a valid drivers' license and automobile insurance must be in force on the vehicle.
3. Every student being transported must have and use a seat belt.

Claims, which may arise from the use of private vehicles, must first be made against the owner's insurance company. Secondary claims, under some circumstances, could be made against the Granite School District under the non-owned automobile section of its policy.

_____ has my permission to be transported during the sport/activity of _____
_____ from the start of the season to the end.

Sport or Activity

Signature of Parent/Guardian

Date



OPPTIONAL
HUNTER HIGH SCHOOL
STUDENT DRIVER VERIFICATION TO OPERATE
A PRIVATE VEHICLE FOR SCHOOL ACTIVITIES

Dear Driver:

It is occasionally necessary to use private vehicles for school activities. The following guidelines apply when private vehicles are used.

1. The activity is approved by the principal and is sponsored by the school or district.
2. The driver must have a valid driver's license and automobile insurance must be in force on the vehicle.
3. Every student being transported must have and use a seat belt.

Claims, which might arise from the use of private vehicles, must first be made against the owner's insurance company. Secondary claims, under some circumstances, could be made against the Granite School District under the non-owned automobile section of its policy.

I hereby certify that I have a valid driver's license and automobile insurance is in force on this vehicle.

Driver's Signature

Automobile Owner's Signature / Date

Driver License Number

Automobile License Plate Number

Driver License Expiration Date

Signature of Parent/Guardian / Date

CONSENT FOR EMERGENCY CARE

I, the undersigned, am the parent or legal guardian of _____, a minor.
In my absence during the 2011-2012 school year, I extend power of attorney for authorizing
the medical care of the above named minor to the HUNTER High School Coaching Staff.

ATHLETIC EMERGENCY INFORMATION SHEET

Athlete's Name _____ Grade _____ Age _____
Date of Birth _____ School HUNTER
Legal Parent/Guardian Names (Father) _____ Mother _____
Address _____
Home Phone: _____ Work Phone: (Father) _____ (Mother) _____
Persons to call if parent/guardian cannot be reached: _____ Phone _____

Preference of Physicians:

1. _____ Phone _____
2. _____ Phone _____

If neither physician is available, do we have your permission to take your child to a hospital or
available physician? YES ___ NO ___ Hospital Preference _____

Insurance Company _____ Policy # _____
Group # _____ Insured Person _____

MEDICAL INFORMATION

Existing Medical Problems _____

Allergies _____

Last Tetanus Booster Shot (Month/Year) _____

Routine Medication _____

Restrictions _____

Signature of Parent/Guardian _____ Date _____

If your child DOES NOT have insurance Please read and sign at the bottom

Granite School District has insurance available that you may purchase for specific sport seasons or the
entire school year. Please request the insurance form and information from the main office at Hunter High
School or at the District office. If you do not have health insurance for your child and you choose not to
purchase insurance through Granite School District for your son or daughter; Granite School District and
Hunter High School cannot be held liable for injuries. Please sign below stating that you are allowing your
child to participate in sports at Hunter High School without insurance.

**My son or Daughter will be participating on an athletic team at Hunter High School without
insurance and I understand the risk involved. I accept the responsibility should injury occur.**

(Sign) _____.

PHYSICAL FORM

GRANITE SCHOOL DISTRICT

AND UTAH HIGH SCHOOL ACTIVITIES ASSOCIATION

PRE-PARTICIPATION ATHLETIC HEALTH EXAMINATION AND CONSENT FORM

It is required that all students have a health history and physical examination completed prior to the first
athletic competition in the State of Utah. The exam is at the expense of the student of the parent and may
not be taken prior to May 1st immediately preceding the entry into the school fall sports program.

NAME _____ DATE _____ SCHOOL YEAR _____

GRADE _____ BIRTH DATE _____ SCHOOL _____

HAS STUDENT HAD: **YES**

- 1. Previous hospitalization and/or surgery? _____
- 2. Previous diagnosed chronic diseases, e.g. _____
Diabetes, kidney disease, asthma, _____
rheumatic fever? _____
- 3. Previous restrictions from participating _____
in sports for any ongoing health problem?
- 4. Any unconscious episode or had any _____
type of seizure or convulsion?
- 5. Troubles with knees or other joints? _____
- 6. Any previously diagnosed heart murmur? _____
- 7. A fainting episode during or directly _____
following exercise?
- 8. A family member die suddenly of an _____
unknown cause or experienced a
sudden cardiac death.

IS THE STUDENT CURRENTLY: **YES**

- 1. Under a doctor's care for a health problem? _____
- 2. Taking any medication? Any prescription? _____
- 3. Known to have allergies? _____
- 4. A wearer of contact lenses or glasses? _____
- 5. Experiencing any health problems? _____

If the answer is yes to any of the above , please explain:

Date of the most recent tetanus immunization _____ Date of most recent complete history and physical examination _____

PHYSICAL EXAMINATION: The physical examination should incorporate an evaluation of the following areas:

- 1. Vision 2. Hearing 3. Respiratory 4. Hernia, Genitalia 5. Liver, Spleen, Kidneys 6. Skin 7. Neurological 8. Urinalysis (protein and sugar exam required) 9. Cardiovascular 10. Musculoskeletal 11. Physical Status (Developmental level)

PROBLEM LIST

- 1. _____
- 2. _____
- 3. _____

DISPOSITION: Physician to check one of the following:

A. I certify that I have examined this patient and find him/her physically able to compete in all supervised sports.

B. Student is not physically able to participate in interscholastic sports pending evaluation of
Ailment _____ Specialist _____

C. Student may participate for ensuing year in interscholastic sports but should have a yearly physical exam with special
reference to _____

D. Student **may not** participate in the sports circled below:

Strenuous Contact: Football Soccer Wrestling Basketball
Non-Contact: Track and Field Tennis Swimming Cross Country Drill Team Volleyball
Moderately strenuous: Golf Baseball Softball Other _____

E. Student is not permitted to participate in interscholastic sports because _____

Physician's Name and Signature _____

Address _____

Telephone number _____