

Printed Name of Athlete: _____



ATHLETIC PACKET SIGNATURE PAGE

****PLEASE PRINT THIS PAGE, SIGN, AND RETURN TO THE ATHLETIC DIRECTOR. THIS MUST BE DONE BEFORE AN ATHLETE PARTICIPATES WITH THE TEAM.**

By signing this document, I (both the parent/legal guardian and athlete), agree that I have read and agree to abide by the rules, guidelines, and contract outlined in the Student Athlete Handbook. The Student Athlete Handbook may be referenced on the athletic website (www.eastsidechristianathletics.com)

I also understand that I have carefully reviewed, signed, and returned the documents listed below:

- ◆ Emergency/Waiver Form
- ◆ Concussion Form
- ◆ Physical Exam Form (Mandatory once each year)
- ◆ CIF Code of Ethics
- ◆ Sudden Cardiac Arrest Form

TRANSPORTATION FEE/VOLUNTEER REQUIREMENT (PLEASE CIRCLE WHICH OPTION YOU ARE COMMITTING TO FOR EACH SPORT. THE FEE MUST BE PAID BEFORE THE FIRST GAME). Failure to fulfill ALL of the driving requirements will result in a fine of the amount listed for each sport.

	Required # of events to drive <i>*Must transport to event and back to school</i>	<u>OR</u>	FEE
Cross Country	3		\$50
Volleyball	5		\$80
Basketball	4		\$65
Baseball/Softball	**10		\$125

**OFF CAMPUS PRACTICE INCLUDED

Signed: _____
(Athlete's Signature)

Date: _____

Signed: _____
(Parent/Guardian Signature)

Date: _____