

BRANDON BLACKHAWKS ATHLETIC DEPARTMENT



Athletic Director: Chris Deines
Athletic Secretary: Sharon Michal
Telephone: 248-627-1827
Fax: 248-627-6913
1025 S. Ortonville Rd. Ortonville, MI 48462

Athletic Contract & Information Form

2019 - 2020

Fall Sport: _____ Winter Sport: _____ Spring Sport: _____

Name: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Parents Email: _____

Parent(s) Work: _____ Parent(s) Cell: _____

Student Phone: _____ Student Email: _____

School: _____ Grade: _____

Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Allergies/Medical Condition(s): _____

Brandon School District firmly believes that, in order to have a successful athletic program, rules must be established. Therefore, please review with your athlete our **Athletic Code of Conduct**, available in the Athletic Office and at www.brandonblackhawks.org, click on Athletics. By signing below, parents/guardians and students are acknowledging that they have read, understand, and will follow the Athletic Code of Conduct.

Parent Name (Printed): _____ Parent Signature: _____ Date: _____

Student Name (Printed): _____ Student Signature: _____ Date: _____

MICHIGAN HIGH SCHOOL ATHLETICS ASSOCIATION CONSENT

The Student Athlete understands that he/she is expected to adhere firmly to all established athletic policies of Brandon School District and the Michigan High School Athletic Association. The Student Athlete is agreeing that they have never received money or negotiable certificates for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars (\$25.00) for participating in athletic events, nor have ever competed under an assumed name. After the student athlete has represented Brandon High School in this sport(s), they will not compete in any outside athletic contest in this sport until after the school season has been completed.

EMERGENCY MEDICAL AUTHORIZATION

(To be completed by parent/guardian)

I recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary. I further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care. By signing this registration form, I agree:

1. To the administration or emergency treatment deemed necessary by the above named doctor
2. To the transfer of my child to _____ hospital or any accommodation necessary
3. That I do have medical insurance with: _____
4. That my insurance policy number is: _____

“Blackhawk Athletics provides a Comprehensive Education through Sports”

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ATHLETIC RESPONSIBILITY AND REGISTRATION FORM 2019-20

Brandon School District has instituted a pay-to-participate fee for athletics. The fee for the 2019-20 school year for athletes in 9th through 12th grades will be \$200. The fee for 7th and 8th grade athletes will be \$125.

For All Sports That Do Not Make Cuts:

Due at first day of practice:

- \$200 (\$125 for 7th and 8th grade) yearly pay-to-participate fee – check or money order payable to Brandon Schools
- Completion of this registration form and current physical (as of April 15th, 2019) on file

For All Sports That Cut:

Due on first day of tryouts:

- Completion of this registration form and current physical (as of April 15th, 2019) on file

Due prior to 1st competition:

- \$200 (\$125 for 7th and 8th grade) yearly pay-to-participate fee – check or money order payable to Brandon Schools

I understand that the fee I am paying does not guarantee playing time and/or control over any conditions of the team, rules, and regulations. In addition, the fee is non-refundable, unless an injury takes place which disallows participation. A doctor's authorization letter must be submitted with a request for refund. If the injury takes place after the midpoint of the scheduled season, no refund will be granted. Financial aid will be available to students with financial hardships. If this is the case, please contact the Athletic Department.

EQUIPMENT FINANCIAL RESPONSIBILITY

Each athlete is responsible for the athletic equipment issued to them by the Athletic Department. This equipment is to be worn only for practice, coach designated demonstration, or school competitions in the sport for which it was issued. It is not to be worn at any other times. This equipment represents a large expenditure of money by the Athletic Department and is to be returned to the coach upon completion of the sport season (within one week). If the equipment is **LOST, STOLEN, DAMAGED OR NOT RETURNED**, the athlete will be held responsible for the replacement cost of the equipment.

CONSENT FOR TRANSPORTATION

I hear-by give my son/daughter permission/authorization for 2019 - 2020 to:

- Be transported to games, tournaments, and competition when possible
- Leave from athletic practices or contests with a parent or an authorized adult
- Accompany the team as a member on its out-of-town trips
- I understand it is my responsibility to provide "return" transportation when not provided by BSD
- If they have a valid driver's license, to drive themselves when district transportation (one- way or both) is not provided

I understand that the ability of coaches and other school officials to properly supervise students may be impaired when students are not under their direct control. I agree that coaches should not be held accountable when students who are authorized to use alternative means of transportation do so. I understand that coaches reserve their right to refuse requests by players to leave their teams if, in the coaches' opinion, it serves the best interest of the individual or the program. I agree to release Brandon School District, its employees, and officers from all liability with reference to the above stated transportation.

By signing below, we agree to all the policies, procedures, rules and/or regulations detailed within this document.

Parent Name (Printed): _____ Parent Signature: _____ Date: _____

Student Name (Printed): _____ Student Signature: _____ Date: _____

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