

## ATHLETE/PARENT/SCHOOL AGREEMENT

Participation in a sport, like all extracurricular activities is a privilege and not a right. Along with that privilege there is responsibility. Disregard for any of the regulations below may result in a student's dismissal from the team or activity.

1. **Academic Responsibility** – Academic responsibilities are the student's first priority and take precedence over any athletic or extracurricular activity. Students must maintain a minimum 70 percent average with no grade below a 65 in order to be eligible for athletics and extracurricular activities. If a student's average drops below 70 percent, the student will be placed on academic probation. Such probation will make him/her ineligible for participation in any activity until the next academic check. If he/she is still failing a subject, he/she will be removed from the team.
2. **Disciplinary Guidelines** – All participants will follow all of the rules and regulations as well as disciplinary guidelines as stated in the student handbook.
3. **Attendance** – Students must be in school for at least 60% of the school day to participate in any extracurricular activities. If the event is scheduled for a weekend, the student must be in school on the Friday before for at least 60% of the day.
4. **Age** - Per league rules, participants must be 19 years or younger prior to September 1<sup>st</sup> of their senior year in order to participate.
5. **Injury** – If a student is injured any time during a sports season, they must present a doctor's note stating the injury and any restrictions. This note is to be given to the school nurse and a copy to the student's coach. Injured students will not be allowed to participate in any practices or games until a doctor's note is received by the school nurse and coach stating that he/she is well enough to participate and list any restrictions.
6. **Practice** – Students are expected to participate in all practices. Failure to attend practice will result in ineligibility for the next game unless the reason is an "excused absence."
7. **Uniforms** - All uniforms are property of the school. Uniforms must be returned upon request in the manner in which they were distributed or the participant will be charged the fee stated on the "Uniform Receipt" which they fill out and sign when their uniform is issued.
8. **Students participating in sports represent FRCS** – Any behavior that will adversely affect the reputation of the school shall not be tolerated. This activity includes but will not be limited to the following: taunting or trash talking opponents, threats of physical bodily harm, physical altercations, and profanity.
9. **Substance abuse** – Participants are prohibited from using, possessing, purchasing, giving away or being in the presence of: any beverage containing alcohol, tobacco products, steroids or any controlled substance. Penalties will be strict and swift. All necessary resources will be used in order to resolve a substance abuse situation.

1. **Other Ineligibilities** - Students who are suspended, whether in-school or out-of-school, may not participate in any activities on that day. Continual violators of the Code of Conduct will be subject to suspension and/or removal from the team. Detention and teacher detentions take priority before students are allowed to participate in sports activities.
2. **Parent Responsibility** - Parents are expected to exemplify the ideals of good sportsmanship. Parents and spectators will not ridicule or demean players, coaches, or referees. They will not question the referee's call. Parents and spectators will respect the opponent and avoid confrontation with opposing players and spectators. Parents and spectators will be drug and alcohol free while at any school event. Parents and spectators are expected to report any violations to the school Athletic Director. Violations can result in the individual's removal from the game area and possible restrictions to further activities. Parents are also expected to understand all the above requirements, help monitor their child's grades, behavior, and attendance.

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Student Athlete Signature

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Date

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Parent Signature

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Date

The Foxborough Regional Charter School  
131 Central Street  
Foxborough, Massachusetts 02035  
Tel: (508) 543-2508 Fax: (508) 543-7982

**Consent to Participate and Waiver and Release of Liability**

**Please circle below ALL sports you're considering for the 2011 -2012 school year.**

**Soccer      Basketball      Cheerleading      Twirling      Baseball      Softball**

In consideration of being allowed to participate in the above named event, and to all and any activity associated with the event including but not limited to transportation to and from the activity, preparation for and conclusion of the event. The undersigned acknowledges, appreciates and agrees for myself or as parent/legal guardian of \_\_\_\_\_ that:

*Student Name*

- 1) The risk of injury from the activities involved in this event may be significant, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I knowingly and freely assume all such risks, both known and unknown, even in arising from the negligence of the releases of others and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for and all safety conditions including participation, I will remove myself from participation and bring such to the attention of the nearest school or public official immediately; and,
- 4) I, for myself and on behalf on my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the parent connection group of the Foxborough Regional Charter School, their officers, officials, agents and /or employees, and other participants, "Releasee" with respect to any and all injury, damage to person or property, whether arising from the negligence of the releases or otherwise.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

X \_\_\_\_\_ Date Signed: \_\_\_\_\_

For Participants of Minority Age  
(under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, and am legally competent to sign this affirmation and release do consent and agree to his/her release as provided above of all the releases, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the releases from any and all liabilities incident to my minor child's involvement of participation in these programs as provided above, even if arising from their negligence and also give my permission for child to participate in \_\_\_\_\_.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Emergency Phone #

Date Signed: \_\_\_\_\_

**The Foxborough Regional Charter School**  
131 Central Street  
Foxborough, MA 02035  
Telephone: (508) 543-2508 Fax: (508) 543-7982

**Emergency Medical Treatment Release Form**

As parent/legal guardians of \_\_\_\_\_, a student as the Foxborough Regional Charter School, we authorize the treatment by a licensed medical provider in the event of a medical emergency which, in the opinion of the attending medical provider, may endanger my child's life, cause disfigurement, physical impairment, or undue discomfort if delayed, or necessary under the attending circumstances.

The following information is needed by any hospital or provider not having access to the said child's medical history:

1. Allergies: \_\_\_\_\_
2. Medication being taken: \_\_\_\_\_
3. Date of last tetanus shot: \_\_\_\_\_
4. Physical impairments: \_\_\_\_\_
5. Chronic Illnesses: \_\_\_\_\_
6. Other pertinent facts regarding child's health: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy # \_\_\_\_\_

This consent is valid while the child is participating in and traveling with the Foxborough Regional Charter School.

This consent is signed for the sole purpose of authorizing medical treatment under emergency circumstances in our absence.

Mother/Guardian : \_\_\_\_\_

Father/Guardian : \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone (home): \_\_\_\_\_

Telephone (home): \_\_\_\_\_

(work): \_\_\_\_\_

(work): \_\_\_\_\_

(cell): \_\_\_\_\_

(cell): \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

The emergency medical release form allowing my child to participate in the Foxborough Regional Charter School \_\_\_\_\_ has been signed on this day by us, the parents/legal guardian of the above-referenced child, on \_\_\_\_\_.

Mother/Guardian Signature: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_