

**Brunswick Christian Academy
Athletic Contract**

PLEASE READ AND SIGN THE FOLLOWING CONTRACT AS IT HAS ADDITIONAL INFORMATION FROM WHAT YOU
HAVE ALREADY SIGNED

Parents/Guardians of a BCA athlete acknowledge the responsibility and agree to the following:

*During the playing season of your individual sport the parents/guardians will volunteer in the concession stand at one of the BCA's schedule home games. Volunteer help time to be scheduled when your athlete is not playing when possible. Parents/Guardians are to volunteer at any sporting event BCA may host. (Please see attached schedule to sign up)

*Parents/Guardians and athletes agree to an attitude that honors God and builds character, school spirit and sportsmanship for the welfare and development of the sports team. Any action against BCA and or the team will be a possible dismissal from future game(s) and or the team.

*Athletes who receive a conduct detention, DO NOT play in the next game. Athletes who receive a school suspension will be removed from the team (This will be at the discretion of the principal)

*Parents/Guardians (family) of athletes will show respect to the coaches and refrain from "coaching (shouting) from the bleachers".

*Playing time: It is BCA's desire to teach students to strive for moral excellence as well as teaching them to give their best even in sports. This may mean that some players may see more or less playing time than others. Being part of the team will be based upon cooperation, faithfully attending and participating in practices with maintaining the right attitude towards coaches, school staff, and other players. Displaying negative attitudes about not getting to play (and/or any situation), or not playing enough will not be tolerated (from player and/or parent). Even if a student sees little playing time in the course of a season, they must remember that being on the team is in itself an honor. Students who are absent from school on a given day will not participate in practice/game on that day.

*Traveling to away games: Please be mindful of BCA's standards of the type of music allowed in the vehicle. BCA requires written permission before a parent/guardian can take home another student from an away game.

*Cellphone Policy: Students will NOT receive cellphones until they return to school from an away game. Coaches will keep cellphones until BCA vans/bus returns to campus. In the event of an emergency coaches' phones are available. A group text will be sent to make parents aware of their athlete's approximate arrival time. It is the parents/guardians' responsibility to keep their cellphone with them to be aware of the arrival time of the teams. Also, no electronic devices, including headphones or earbuds, will be allowed on any school vehicle transporting students to and from away games. Any student who does not turn in their cellphone and or keeps it in their possession will be subject to the official BCA handbook cellphone policy consequences.

*BCA will not be responsible for damaged cellphones. Mr. Doug Roberson (Athletic Director): (912) 270-0704

Mrs. Ann Senior(Golf Coach)

TBD (Volleyball Coach)

Mr. Guy Still (Basketball Coach)

Mr. Caleb Still (Basketball Coach)

Mr. Loren Gravley (Softball Coach)

Mr. Doug Roberson (Football Coach)(Baseball)

Parents/Guardians' Signature(s) _____ / _____

Cellphone# _____ / _____

Student Signature (Print Name) _____ (Signature) _____

Coaches Signature(s) _____ / _____

Date: _____ Sports Season: _____

SOUTHEASTERN CHRISTIAN CONFERENCE

Consent and Release from Liability Certificate (Page 1 of 2)

This completed form must be kept on file by the school.

Part 1. Student Acknowledgement and Release (to be signed by student)

I have read the (condensed) SECC Eligibility Rules printed on the reverse side of the "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in athletic competition. If accepted as a representative, I agree to follow the rules of my school and the SECC and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I release and hold harmless my school, the schools against which it competes, the contest officials and the SECC of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the SECC because of any accident or mishap involving my athletic participation. Furthermore, I grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Date: _____ Signature of Student: _____

Name of Student (printed): _____

Part 2. Parental/Guardian Consent, Acknowledgement and Release

(To be completed and signed by all parents/guardians; where divorced or separated, parent/guardian with legal custody must sign).

A. I/we hereby give consent for child/ward to participate in the following interscholastic sports that I have not marked out:

Boys Sports: Flag Football Basketball Softball
Other sports added to this form by school: _____

Girls Sports: Volleyball Basketball Softball Cheerleading
Other sports added to this form by school: _____

B. I/we understand that participation may necessitate an early dismissal from classes.

C. I/we consent to the disclosure, by my child's/ward's school, to the SECC, upon its request, of all detailed (athletic or otherwise) financial, scholastic and attendance records of such school concerning my child/ward.

D. I/we know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless, my child's/ward's school, the schools against which it competes, the contest officials and the SECC of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the SECC because of any accident or mishap involving the athletic participation of my child/ward. I further authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. Furthermore, I grant the released parties the right to photograph and/or videotape my child/ward and further to use said my child's/ward's name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation.

E. I/we agree to submit all disputes in connection with my child's/ward's athletic participation and my child's/ward's school, the schools against which it competes, the contest officials and the SECC to binding arbitration under SECC's arbitration procedures and expressly waive any and all rights in law and/or equity to bring any civil disagreement before a court of law, except that judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.

F. Please check the appropriate box(es):

My/our child/ward is covered under our family health insurance plan, which has limits of not less than \$25,000.

_____ Company: _____ Policy Number: _____

_____ My/our child/ward is covered by his/her school's activities medical base insurance plan.

I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Date: _____ Signature of Parent/Guardian: _____

Name of Parent/Guardian (printed): _____

Date: _____ Signature of Parent/Guardian: _____

Name of Parent/Guardian (printed): _____

Attention Student

Your school is a member of the SouthEastern Christian Conference (SECC) and follows established rules. To be eligible to represent your school in interscholastic athletics, you:

1. Must be regularly enrolled and in regular attendance at your school or a home school student representing an SECC school. (SECC Bylaw 6.1.1)
2. Must not have graduated from any high school or its equivalent. (SECC Bylaw 6.1.4)
3. Must be a minimum of age 10 (grade 5) and less than 19 years 9 months old to participate in SECC sporting activities. (SECC Bylaw 6.1.2)
4. Must get signed Consent and Release from Liability form to participate from your parents or guardian on a form provided by the school. (SECC Bylaw 6.1.3)
5. Must have a physician's certificate stating that you are physically fit for interscholastic athletic competition. The certificate must be re-certified every year to maintain eligibility. (SECC Bylaw 6.1.6)
6. Each SECC School must determine its own requirements for student participation in extra curricular activities. (A minimum of a 2.0 cumulative GPA or its academic equivalent is required by the Conference). (SECC Bylaw 6.1.5)
7. Transfer students may commence participation representing their school once they meet all the school's entrance requirements (including academic eligibility) and are within the SECC age requirements. All transfer students must submit documentation from their former school's pastor or principal stating that while said student was enrolled he/she had no problems with their Christian testimony, academics, or behavior. Transfer students must meet all eligibility requirements by the 1st of September for football and volleyball; the last day of the Football/Volleyball State Tournament for basketball; and the last day of the Basketball State Tournament for softball. (SECC Bylaws 6.2.2, 6.2.3 and 6.2.4)
8. Home school students who wish to represent their local SECC school will be eligible to participate with member schools providing they meet the following criteria: 1) the student may not participate in any other educational organization's athletics activities; 2) the student must fill out the SECC Home Education Student Application; and 3) the student's application must be approved by the State Board. (SECC Bylaws 3.2.1)

BCA Sports Statement of Understanding and Cooperation

Student _____ Starting with the _____ school year.

[This will remain valid as long as the student is enrolled, unless superceded by BCA]

PURPOSE Christian school sports are designed to address the physical needs of students while focusing on issues of character and the development of the concept of teamwork. A Christian emphasis will be stressed in practices, team meetings, games, etc. Developing an attitude that honors God and builds character, school spirit and sportsmanship will be one of the chief aims of the school sports program. Students will be taught to focus on those actions and attitudes which promote the welfare and development of the team.

PARTICIPATION AND PLAYING TIME BCA rejects the unbiblical, unrealistic, politically-correct view that *Everyone plays, and everyone wins*. In the real world, not everyone gets to participate at the same level and not everyone wins. It is our desire to teach students to strive for moral excellence as well as teaching them to give their best- even in sports. This may mean that some players may see more, or less playing time than others. Being part of the team will be based upon cooperation, faithfully attending and participating in practices and maintaining the right attitude toward coaches, school staff, and other players. Playing time will be based upon what the coach thinks will be best for the team. Gripping, pouting, complaining and displaying negative attitudes about not getting to play, or not playing enough will not be tolerated. Even if a student sees little playing time in the course of a season, they must remember that *being on the team is in itself an honor*.

THE COACH IS IN CHARGE OF THE TEAM -It is the coach who decides who will start, dress out, travel to away games, play or will remain on the team. The coach has authority over the players before, enroute, during, returning from and after all related practices and activities. The coach is authorized to take corrective and disciplinary action in training and directing the students on the team. Such action may include, but not be limited to:

1. Remedial physical training (laps, drills, exercises, etc.).
2. Bench, or suspend a player from play, practice or participation with the team.
3. Motivational speech that may vary in volume or intensity.
4. Refer uncooperative students to the principal.
5. Dismiss a student from the team.

AWARDS The coach, in consultation with the principal, will nominate students for sports awards. Spiritual leadership, attitude, conduct, cooperation and School Spirit will be considered *along with* ability and accomplishments when selecting students for sports awards. Even *non-starters* have received and will be considered for awards.

MISCELLANEOUS

1. If a player misses school due to sickness or disciplinary action, they will not be allowed to participate in any game, practice, or activity scheduled on that day. If the student has an excused absence for reasons other than discipline, or sickness and the reason is considered excused by the school, the coach *may* make an exception.
2. Attendance at practices, games, and other related sports activities is mandatory if the student is to remain on the team. Only those reasons that would constitute an excused absence from school will be considered a suitable reason for missing practice. Unless absent, **picked up early from school, or in a serious emergency**, each player is to notify the coach or school office personnel- **in advance** if they are going to miss any practice, game or activity.
3. Parents are responsible for notifying the coach if there is any physical problem or condition that would keep the student from full participation in practices or games. For the safety and welfare of the student, those who have serious or reoccurring physical/health problems that keep them from full participation, may be asked to sit out until cleared by a physician to participate.
4. Parents and guests of students are expected to conduct themselves in a manner consistent with the goals of the BCA sports program. This would include Home and Away games and any other sports activity. The parent is expected to cooperate with school officials and comply with school policy when attending practices, games or any sports activity.
5. Being a good sport [in victory, or defeat] is expected from students, and parents alike.
6. Parents are asked not to put too much pressure on students to perform. On the other hand, parents must be cautious about being too soft and allowing the student to quit when things get tough, or simply do not go their own way.
7. The coach or other school personnel will maintain responsibility for each student- even if their parent is present.
8. Close, physical contact between students is not allowed. I.e., holding hands, sitting on laps, hugging, kissing, etc.
9. Horseplay, and dangerous pranks are not allowed. (This includes when riding to/from games, etc.)

AWAY GAMES

Since the coach or other school personnel are responsible, parents are to be sure that the coach is notified if they decide to take their student directly home from any game or activity.

The coach or other school personnel will arrange transportation to/from all away games. Parents are not to take it upon themselves to make changes in seating arrangements, etc.

Parents providing transportation are asked to respect the standards of BCA in the type of music/entertainment allowed in the vehicle.

Students will follow the prescribed dress code for sports activities (including before, during, and after the activity). The principal will set forth the dress code, and parents, coaches, and chaperones are asked to refrain from changes without the approval of the principal.

Team members are expected to stay together while at away games or activities. Exploring or wandering off is not allowed. Parents are asked to provide funds for their student for each away game or activity in order for the student to be able to eat, should the team stop on the way home.

ACADEMICS

Only eligible, enrolled students may participate in inter-scholastic athletics and cheerleading. A "C" average with no "Fs" must be maintained. Once a student becomes ineligible, he/she may not participate until satisfactory grades are achieved. At this point, he/she may begin participating with the team.

As a student, I have read and understand the BCA Sports Statement of Understanding and Cooperation. I agree to follow these guidelines along with any other directions, rules, or instructions that may be set forth by the principal, coach, or other school official.

Student's Signature _____ *Date* _____

As the parent or legal guardian of this student, I have read and understand the BCA Sports Statement of Understanding and Cooperation. I agree to follow these guidelines along with any other directions or instructions that may be set forth by the principal, coach, or other school officials. In addition, I hereby release Brunswick Christian Academy, its personnel, coaches, and chaperones from any and all responsibility for any injury, accident, or health problem (real or alleged) that may result from or in connection with my student's participation in the school sports program. I understand that sports fees are non-refundable.

Parent's Signature _____ *Date* _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____

Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP / (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) [†]		
Skin • HSV lesions suggestive of MRSA, tinea corporis		
Neurologic [‡]		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[†]Consider GU exam if in private setting. Having third party present is recommended.
[‡]Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____ MD or DO

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared
 Pending further evaluation
 For any sports
 For certain sports _____

Reason _____
Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____ MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

Please list your name, student/athlete, the date of the game you wish to volunteer at and please circle the position you wish to take.

Parent Name: _____

Student/Athlete: _____

Grade of student: _____

Date of the game: _____

Please Circle one: Volleyball or Football

Please Circle one:

Position in Volleyball

Concessions/Admissions

Line Judges

Score Keeper

Time Keeper

Position in Football

Concessions

Down & Distance Markers

Admissions

Scoreboard Keeper