

**ATHLETIC CONTRACT & INFORMATION FORM
2023-2024 SCHOOL YEAR**

(Please Name sport i.e. "soccer")

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

Name: _____ **Student ID:** _____
(Print Name: First Middle Initial Last)

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Parent(s) Email:** _____

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

Student's Phone: _____ **Student's Email:** _____

School: _____ **Grade:** _____ **Birth Date:** _____

Emergency Contact Person: _____ **Phone #:** _____

Family Doctor's Name: _____ **Phone #:** _____

Known Allergies/Medical Conditions: _____

Clio Area Schools firmly believes that, in order to have a successful athletic program, rules must be established that will allow athletes to perform to the best of their ability. Therefore, please review with your Athlete our **Athletic Code of Conduct**. The **Athletic Code of Conduct** is available in the Athletic Office and at: www.clioathletics.org. By signing this registration packet, parents/guardians and students are acknowledging that they have read the Athletic Code of Conduct.

MICHIGAN HIGH SCHOOL ATHLETICS ASSOC. CONSENT

The Student Athlete understands that he/she is expected to adhere firmly to all established athletic policies of Clio 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 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 Clio 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, and 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 packet, 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 hospital reasonably accessible.
3. That I do have medical insurance with: _____ (name of company)
4. That my insurance policy number is: _____

SIGN HERE **STUDENT ATHLETE'S SIGNATURE:** _____ **DATE:** _____

PARENT/GUARDIAN'S SIGNATURE: _____ **DATE:** _____

ATHLETE NAME: _____

ATHLETIC RESPONSIBILITY AND REGISTRATION FORM 23/24

The Clio School District has a pay-to-participate fee for athletics. The fee for the 2022-2023 school year for athletes in 9th – 12th grades will be \$50.00. The fee for 7th and 8th grade athletes will be \$25.00.

For all Sports That Do Not Make Cuts:

Due at first day of practice:

* \$50 (\$25 for 7th & 8th grade) yearly pay-to-participate fee

- Check to: Clio Area Schools

* Completion of this registration packet including registration, contract, physical, and consent information

For All Sports That Cut:

Due on first day of tryouts:

* Completion of this registration packet including registration, contract, physical and consent information.

Due first day after team is chosen:

* \$50 (\$25 for 7th & 8th grade) yearly pay-to-participate fee – check to Clio Area Schools

I have reviewed the 2023-2024 Clio Area School's pay-to-participate plan and understand that the fee I am paying does not guarantee playing time or control over any conditions of the team and is not 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 that is the case, please contact Eric Doyle. I also understand that paying a fee does not alter Clio Board of Education Student Policies, MHSAA regulations, the District Athletic Code, and the individual team rules.

NOTE: A STUDENT SHALL NOT PARTICIPATE IN ANY PRACTICE SESSIONS OR CONTESTS UNTIL THIS COMPLETED REGISTRATION PACKET HAS BEEN TURNED INTO THE TEAM COACH OR THE ATHLETIC OFFICE. ****THIS MUST BE SIGNED BY ATHLETE & PARENT IN TWO PLACES!****

EQUIPMENT FINANCIAL RESPONSIBILITY

Athletes in the Clio Area Schools are 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 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, OR NOT RETURNED**, the athlete will be held responsible for the replacement cost of the equipment.

CONSENT FOR TRANSPORTATION

I hereby give my son/daughter, permission to: (please check boxes)

Be transported by bus to games, tournaments and competitions when possible.

Leave from athletic practices or contests with a parent or authorized adult.

Accompany the team as a member on its out-of-town trips.

This authorization is in effect for the entire 2023-2024 school year.

By checking these boxes, 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 the Clio School District, its employees, and officers from all liability with reference to the above stated transportation.

SIGN **STUDENT ATHLETE'S SIGNATURE:** _____
HERE

PARENT/GUARDIAN'S SIGNATURE: _____