



HARFORD COUNTY PUBLIC SCHOOLS
INTERSCHOLASTIC ATHLETICS

ATHLETIC PARTICIPATION FORM

(Sport)

STUDENT NAME: _____ STUDENT ID NUMBER: _____

ADDRESS: _____ HOME PHONE: _____

CITY: _____ MD. ZIP _____ CELL PHONE: _____
CELL PHONE: _____

TO THE PARENT OR GUARDIAN:

It is the goal of the Harford County Public Schools Interscholastic Athletic Program to provide a safe and supportive environment for all students. We believe athletes need to develop skills that will teach good sportsmanship, self-discipline, and relationship skills. Toward that end, coaches, students, and parents should be aware of school, county and state policies and procedures that support these goals. Students who have elected to participate in the athletic program will be required to practice and participate in scheduled contests after regular school hours and possibly on non-school days. The supervision of practices, games and travel will be provided by HCPS and the school.

1. General Guidelines for Participation

- A. A physical examination by qualified medical personnel submitted on the HCPS physical form. This form may be found at <http://www.hcps.org/parents/Default.aspx> on the Athletics tab. This exam shall be valid from June 8 through the following June 7.
- B. Medical Insurance covering the sport in which the student wishes to participate.
- C. The athlete and the parent/guardian are financially responsible for any and all athletic equipment issued to the participant if not returned to the school.
- D. Students must meet all eligibility requirements as set forth in the MPSSAA Eligibility code 13A.06.03. http://www.mpssaa.org/assets/1/6/1415_Handbook.pdf

2. Eligibility Requirements and Harford County Public School Policies

- A. Academic Eligibility: All students must comply with the HCPS Board of Education Policy #02.0010, Students – Participation in Extracurricular Activity Policy. <http://www.hcps.org/BOE/PoliciesProcedures/boardpolicymanual.aspx> See **02 Students 0010**
- B. Alcohol and Controlled Dangerous Substances: All students must abide by Board of Education Policy #02.0013 with regard to Student Possession, Use, or Transference of Controlled Dangerous Substances, Medicines, or Alcohol. Students in violation of this policy will be subject to disciplinary consequences. <http://www.hcps.org/BOE/PoliciesProcedures/boardpolicymanual.aspx> See **02 Students 0013**
- C. All participants are subject to Board of Education Policy 02.0007 Discipline Policies. This policy includes student discipline pertaining to sexual harassment, threats, misconduct, and disruptive behavior. <http://www.hcps.org/BOE/PoliciesProcedures/boardpolicymanual.aspx> See **02 Students 0007**
- D. All participants are subject to the high school rules, athletic rules, and team rules in each high school.

3. Insurance

Students must have health insurance coverage in effect on the first day of practice in order to participate in interscholastic athletics. If your student does not have health insurance, reasonably priced policies may be purchased through an independent carrier provided by the school system. Information on the purchase of school health/accident insurance may be obtained at your school office.

MY SIGNATURE VERIFIES THAT MY SON/DAUGHTER IS COVERED BY HEALTH INSURANCE.

Yes No Effective Date: _____

Policy Holder’s relationship to student: _____

MY SIGNATURE VERIFIES THAT I GIVE MY SON/DAUGHTER PERMISSION TO PARTICIPATE

Parent/Guardian Signature: _____ Date: _____

4. Residency

All participants in Interscholastic Athletics must abide by Board of Education Policies #20.0035, Assignment to Schools in Attendance Area and #02.0003, Admission Policy.

<http://www.hcps.org/BOE/PoliciesProcedures/boardpolicymanual.aspx>

See **20 Assignment To Schools in Attendance Area 0035**

See **02 Admission Policy 0003**

MY SIGNATURE VERIFIES THAT:

My child resides within the attendance area of: _____ High School

My child attends: _____ High School

Please note: Students attending a school outside of their residential attendance area may ONLY DO SO WITH SPECIAL PERMISSION of the Office of Student Services, or the Magnet Coordinator of Aberdeen High School, Edgewood High School, Harford Technical High School or North Harford High School. Any student in violation of the Board of Education Attendance Area policy is subject to loss of athletic eligibility for 180 school days, ineligibility in a specific sport for the remainder of their enrollment in HCPS, or penalties as deemed justified in any specific case. Penalties may also be imposed on the violating athlete’s team and school.

5. Concussion Information

SB771/HB858 requires that all parents and athletes be made aware of the dangers a concussion may have on an athlete. Harford County Public Schools is providing a concussion information sheet for both parents/guardians and athletes to review before participation may occur. This information is also available on the HCPS website.

6. Sudden Cardiac Arrest

HB427 requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete. Harford County Public Schools is providing a sudden cardiac arrest information sheet for both parents/guardians and athletes to review before participation may occur. This information is also available on the HCPS website.

7. Athletic Activity Fee

Once the student has made a team, the activity fee must be paid. The payment of the fee does not guarantee playing time. Athletic Activity fees are non-refundable.

MY SIGNATURE VERIFIES THAT:

1. I will notify the school immediately if there is a change in my place of residence.
2. I have read all the above statements, have received the Concussion Information Sheet, the Sudden Cardiac Arrest Information Sheet, and hereby give my written consent.
3. I fully understand and acknowledge that risks and dangers exist in my child’s participation in Interscholastic Athletics which may result in injury, illness, and in some cases death; and I hereby accept and assume these risks and dangers on behalf of my child.
4. I fully understand that ATI Sports Medicine has been contracted by HCPS to manage sports related injuries associated with HCPS Athletic events.

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____