

ROCKFORD HIGH SCHOOL ATHLETIC DEPARTMENT

Parent – Athlete Pre-Season Checklist

Please check off the following items, then date and sign the form indicating that parent and athlete have read and understand all of the following:

- 1. Student-athlete has a physical on file in the athletic office dated after April 15.
- 2. I understand the academic eligibility requirements.
(At all times must be passing 4 of 5 classes with a minimum of 3 C-'s)
- 3. I have read the athletic training code and will abide by the code throughout my athletic career at Rockford High School. (See attached form)
- 4. I have paid the participation fee of **\$120 per sport. (\$350 family max)** This fee must be paid prior to the first contest. Following the first 2 weeks of practice, refunds will not be issued for any athlete who is injured, quits, or is suspended from the team. Any financial hardship needs to be brought to the attention of the Athletic Director prior to the first contest.
- 5. I have read the RPS Transportation Policy and understand that my student/athlete may not be provided transportation from an event and grant permission for my child to ride with his/her parent guardian, or any parent/guardian of a team member. (See attached form)
- 6. I am aware that student/athletes may not self administer medication without completing an Events Self-Administration Medication Form. (Self administration medication form is available in the athletic office)
- 7. I understand and agree to abide by the Team Rules established by the coaching staff of this program. (If applicable)

I have read and/or understand the policies checked above.

Student/Athlete Signature

Date

Parent/Guardian Signature

Date

This form must be signed by athlete and parent and then returned to the **coach during the first week of practice.*