

## Athlete's Contract

***This contract is for all athletics during the 2025- 26 school year.***

### **Athlete's Agreement:**

I, \_\_\_\_\_, representing Bangor Christian Schools' athletic program, do hereby state that I have read the School Handbook and the Athletic Handbook in their entirety, and that I agree to abide by those handbooks, as well as all team training rules and policies. I understand that these policies and regulations are in effect for as long as I am a member of the athletic program. **I further understand that violations may lead to immediate dismissal from the team.**

### **Parent's Agreement:**

We the parent(s)/guardian(s) of \_\_\_\_\_ do hereby state that we have read the School Handbook and the Athletic Handbook in their entirety and support the rules and policies that our student has agreed to abide by. We will give our student guidance and direction in striving to see that this contract is not violated. We further agree to exhibit exemplary sportsmanship at all athletic events and set an example for not only our student, but our community as well.

We give our permission for our student to travel with the team to and from games and practices, as the school administration deems best. We assume full responsibility, beyond the normal insurance coverage of the school, should any accident occur in training, traveling, or participating in any athletic activity. In the event of an injury or illness, the school has our permission to seek any emergency medical treatment.

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

Athletes Name : \_\_\_\_\_ Athletes Signature: \_\_\_\_\_  
*(Please Print)*

Parent/Guardian Name : \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_  
*(Please Print)*

Parent/Guardian Name : \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_  
*(Please Print)*

**In order to keep you better informed of upcoming sign ups, please complete the following:**

*(Please check all that apply)*

- Middle School Student
- High School Student

Sports that I would like to participate in:

- Soccer
- Cross Country
- Football
- Basketball
- Cheerleading
- Golf
- Track & Field
- Baseball
- Softball
- Indoor Track & Field (HS Only)
- Swimming/Diving (HS Only)

***Please complete next page***

# Health Questionnaire for Sports Candidates

(Please Print)

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (Best number to reach you at): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone/Cell#: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone/Cell#: \_\_\_\_\_ Name of \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

Health Insurance #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Hospital Preference: EMMC \_\_\_\_\_ St. Joseph's \_\_\_\_\_

Please circle answers:

1. The student has had injuries requiring medical attention Yes No
2. The student has had an illness lasting more than one week Yes No
3. The student is currently under a physician's care Yes No
4. The student wear contact lenses Yes No
5. The student had been admitted into the hospital overnight Yes No
6. The student may be at risk concerning his/her health Yes No

Please explain any "Yes" answer:

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Parent/Guardian Signature: \_\_\_\_\_