



## REGISTRATION PACKET 2021-22

Please complete this packet, along with the attached sport physical form and a copy of the athlete's health insurance card. Please scan and email to David Moreno or turn it in to the front office. Upon receipt and review of these items, athletic fees will be posted to your FACTS account and will be due immediately.

**This completed packet will cover you for the entire school year. You only need to fill out Page 2 for future sports seasons after completing this full packet once.**

### Extended Day Policy

\_\_\_\_ (please initial here) I understand that all students not picked up on time after on-campus athletic events end will be escorted to Extended Day. Extended Day is provided for free to Sabrecat athletes only. This is to help facilitate participation in athletics activities. Free Extended Day is only offered on practice or game days to athletes currently registered on a Sabrecat Athletics team that season.

### PROOF OF MEDICAL INSURANCE

*This form must be completed and turned in, along with a copy of the athlete's insurance card, by the Parent/Guardian before a student is allowed to participate in a Summit School Sponsored Sport.*

Student Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Phone Number(s) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

By signing this Proof of Insurance form, I hereby confirm that my child named above has current medical insurance and I have listed the current policy information above. I understand that it is my responsibility to inform Summit School if my child's insurance changes or expires.

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Summit School****Athletics Enrollment for 2021-2022**

*This form must be completed by the Parent/Guardian and on file with the Director of Athletics before a student is allowed to participate or tryout for an extra-curricular activity sponsored by Summit School.*

*Parent/Guardian – Print, complete and return this form to the Director of Athletics*

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Shirt Size \_\_\_\_\_  
Shorts Size \_\_\_\_\_

I am enrolling my child in one or more of the following Summit School Sports for the 2021-2022 school year:

**Cross Country    Flag Football    Basketball    7v7 Football Passing League    Soccer**  
**Ultimate Frisbee    Volleyball    Golf    Track & Field**

**Parent/Guardian Permission & Waiver of Liability****& Authorization for Emergency Care**

I hereby give my consent for the above named child to participate in enrichment/interscholastic athletic activities for this school year. I also agree to reimburse Summit School for equipment and uniforms issued to my child should it become lost or damaged. I understand Summit School cannot accept responsibility for personal items lost or stolen.

I agree to release each and all of the following named entities, persons and parties (herein collectively referenced as the "Releases") from all claims of liability for each and every injury, harm, damage and loss of every kind or description (including death) to the student's person or property, directly or indirectly occurring in connection with, resulting from, arising out of the student's participation or travel to and from the aforementioned athletic activities whether caused by negligence of any of the Releases, or otherwise.

- A. The Summit School, its affiliates, and each trustee, director, officer, employee,  
and representatives.

I agree to defend, hold harmless, indemnify and release, and forever discharge the Releases from and against any and all claims, demands and actions or causes of action on account of damage to or related to the student's participation and travel.

I further authorize the Director of Athletics, School Principal, Coach or Teacher in attendance at any Summit School activity to select and secure medical attention as may be necessary for my child as a result of injuries or other events requiring emergency care while I/we are not in attendance at such event.

**I understand it is my responsibility as my student's parent/guardian to arrange transportation to and from the games for my child.**

I further agree to hold Summit School harmless for any injury arising out of said student's travel to or participation in the enrichment sport activities.

I hereby release said school official from any and all liability on account of such selection or authorization for any and all damages which may occur on account thereof.

**Father/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Emergency phone number \_\_\_\_\_

**Mother/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Emergency phone number \_\_\_\_\_

# Summit School

## Athletics Away Game and Practice Permission Form for 2021-2022

\_\_\_\_\_

Name of Student (please print)

\_\_\_\_\_

Grade

The above-named student has my permission to participate in games and practices with their sports' group that may be held off the Summit School's campus. Permission extends to all 4 seasons and all sports

**I understand it is my responsibility as my student's parent/guardian to arrange transportation to and from games and practices for my child.**

I hereby authorize Summit School to allow my child (the student) to travel to, and to fully participate in, such school activities listed above. I further agree to hold Summit School harmless for any injury arising out of said student's travel to or participation in the enrichment sport activities.

I further authorize the Director of Athletics, Head of School, Coach or Teacher in attendance at any Summit School activity on Summit Campus or at away games or off campus activities to select and secure medical attention as may be necessary for my child as a result of injuries or other events requiring emergency care while I/we are not in attendance at such event.

\_\_\_\_\_

Name of Parent/Guardian (Please Print)

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

**I have read the Sabrecat Athletics Handbook and agree to the terms of the Spectator Code of Conduct. I also agree to communicate the terms of this code of conduct to any guests or visitors I bring with me to practices or games.**

Athlete Name: (printed) \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

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



## Summit Student Athlete Code of Conduct

- I understand that ***student*** comes first for all student-athletes.
- I agree to make my homework and school performance my priority. I understand that parents, teachers, or coaches can suspend me for a game or a season as a consequence of poor grades.
- I will always try my hardest and do my very best in both practice and games. I understand I may lose playing time if I have unexcused absences from practices or games.
- Win or lose, I will always behave respectfully to my teammates, coaches, opposing players, and parents.
- I will never say, "I can't." Acceptable alternatives I can use are, "This is difficult for me." "I haven't practiced this before." or "I need more help with this skill."
- I will not make excuses. I understand it is ok to make mistakes, and I agree to learn from them.
- I will not tease, belittle, or otherwise emotionally or physically harm my teammates or opposing players in any way.
- I understand that the best way to win is to support those around me. Especially when they make a mistake.
- I understand that I may be asked to sit out for a portion of or all of a game or practice if I break any of the above rules.

**All Summit School handbook rules apply to all aspects of the Sabrecat Athletics program.**

\_\_\_\_\_  
*Student-Athlete Signature*

\_\_\_\_\_  
*Parent Signature*

**DATE:** \_\_\_\_\_