

Last Name/First: _____

Graduation Year: _____

SOUTH BEND COMMUNITY SCHOOL CORPORATION ATHLETIC CODE OF CONDUCT ACKNOWLEDGEMENT FORM

A copy of the Code of Conduct can be found online at www.edline.net/pages/SouthBendCSC/SBCSC_Departments/Athletics

SIGNATURE FORM

- A. I/We acknowledge that the participant is assuming a certain risk of being injured; that even with the best coaching, use of the most advanced protective equipment and strict observance of rules; injuries are still a possibility in organized athletics and extra-curricular activities. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death.
- B. We, as parents, agree to abide by and support the rules established by the coaches, all sanctioning/governing bodies and the school and agree to encourage and assist our child in the same.
- C. Parent/Guardian and participants are encouraged and expected to read and become familiar with those items of information included in the Code of Conduct. A signature at the bottom of this form indicates the following:
 1. Permission for my son/daughter to participate in any extra-curricular activity except _____.
 2. An awareness of the school's policies as enumerated in the School Behavior-Rights, Responsibilities, Regulations, and Procedures and SBCSC Code of Conduct and in any and all materials distributed by any member of the SBCSC Athletic Department:

Signed _____ / /
Parent/Guardian (On behalf of the entire family) Mo Day Yr

Student Application and Parent/Guardian Authorization for Extra-Curricular Participation

The undersigned certify they have read the Code of Conduct and understand the eligibility and conduct guidelines contained therein for student and parent. The student hereby makes application for the privilege to participate in the interscholastic programs sponsored by South Bend Community School Corporation and the Indiana High School Athletic Association and NIC Conference. It is understood that in order to be eligible to participate the student must comply with all requirements of the School Behavior-Rights, Responsibilities, Regulations, and Procedures and the Code of Conduct.

The undersigned student, parent/guardian consent to the release of records and/or information indicating law violations or investigations involving the court and/or police. The undersigned recognizes that such records and information may be considered by school officials in determining a student's eligibility to participate in the extra-curricular activities. The school will only pursue acquisition of legal records in the event that the student is involved in a Code of Conduct violation or there is reasonable suspicion to warrant an investigation. This is not for the purposes of random checks without warranted suspicion.

Student-athletes and/or extra-curricular participants may not participate in practices, contests or activities until this form is signed and on file with the schools athletic office/ function sponsor.

PLEASE COMPLETE THE FOLLOWING:

Signed _____ / / STUDENT'S PRINTED NAME: _____ GRADE: _____
Parent/Guardian Mo Day Yr ADDRESS: _____

Signed _____ / / PHONE: (____) _____
Student Mo Day Yr

Alcohol & Drug Testing Policy: Authorization and Consent Form

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by the South Bend Community School Corporation and the coaches and sponsors for the activity in which I participate.

In order to protect the health, safety, and welfare of the students and employees of the South Bend Community School Corporation, I hereby authorize and consent to the South Bend Community School Corporation conducting a standardized drug/alcohol/steroid test on a sample that I will provide, as determined by SBCSC policy, if there is reasonable suspicion of alcohol/drug usage. Reasonable suspicion will be based on objective, articulable facts (including, but not limited to, a student's appearance, behavior, speech, or odor) that warrant conducting a drug test. I also authorize the release of information concerning the results of such a test to the South Bend Community School Corporation and to my parents and/or guardians.

This shall be deemed a consent pursuant to the Family Educational Rights and Privacy Act for the release of the above information to the parties named above.

Student Signature: _____ Parent/ Guardian Signature: _____

Date: _____ Date: _____

Athletics: Affidavit of Financial Responsibility

I hereby acknowledge my responsibility in caring for any uniforms, equipment and/or other gear issued to me for participation in athletics for SBCSC.

Further, in order to participate, I and my parents/guardians, assume financial responsibility for any lost or damaged uniforms, equipment and/or gear issued to me, other than in the course of normal wear and tear caused by practice and games.

I understand that failure to pay for lost or damaged items will render me ineligible for further sports participation and may subject me (or my parent/guardian) to an appearance in Small Claims Court.

I understand that if legal action is required, we will pay the reasonable attorneys fees of South Bend Community School Corporation and court costs.

NOTE: Charges for lost or damaged items will reflect the actual replacement or repair costs.

IMPORTANT

South Bend Community School Corporation: Under IHSAA Rule 5-2-E, any athlete failing to return player equipment or uniforms issued by a school or non-school team when the season for that sport concluded, or when the student's continued participation on such team concludes will lose their amateur status in that sport.

Student's Printed Name: _____ Parent/ Guardian Printed Name: _____

Student Signature: _____ Parent/Guardian Signature: _____

Date: _____ Date: _____