

Ethos Academy Athletics Permission Slip

I _____ give permission for my child _____
(Guardian's Name) (Student's Name)

to participate in the athletic program at Ethos Academy. I understand that the parent/guardian must provide transportation from all practices and games. Students may not be 15 years on or before September 1st to participate.

Date of birth: ____/____/____ Age: _____ Sex: (M/F)

Grade: _____ Student's Teacher: _____

Indicate which sport your child wants to play: ___Football ___ Basketball ___ Soccer

Daytime phone #: (_____) _____ - _____

Evening phone #: (_____) _____ - _____

Mobile/cell phone #: (_____) _____ - _____

Alternative Emergency Contact Name: _____

Number: (_____) _____ - _____

- I understand my child can't wear any jewelry during practice or games (including crosses, bracelets and earrings).
- I understand that if my child is ejected from a game for "un-sportsmanlike conduct" they will no longer be on the team.
- I understand that my child must maintain his or her academic standing in order to play.
- I understand that my child is absent from a practice they will not play in that week's game unless the coach is notified in advance.
- I understand practice will be Tuesday and Thursday from 3:30-5:00pm. Although the coach may add additional practices occasionally and will notify that parent/guardian with ample time.
- I understand that my child will need appropriate shoes.
- I understand that if my child becomes disruptive to games and or practices they will be removed from the team.

- The team has the option to enforce a mandatory study time that can last for 30 minutes before practice. If we do so, practice will be over no later than 5:30pm.

I, the parent/guardian, will not hold Ethos Academy or the coaching staff responsible for any injuries that may occur during practice and games. I understand that the focus of the sports program is to teach the techniques of the game, sportsmanship, and healthy competition. Practices will begin _____ . The game schedule has yet to be finalized.

By my signature, I accept, understand and give permission for my child to participate in the Ethos Academy sports program.

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

Student's Behavior & Commitment Contract

I _____ agree to follow the rules and guidelines of the Ethos
(Student's Name)

Academy sports program. I will maintain my grades so that I can remain eligible to play. I understand that failure to adhere to the Ethos Academy Code of Conduct and/or the rules of the sports program could result in dismissal from the team. I also understand that I am making a commitment to the coach and my teammates to attend practices and games to the best of my ability.

Student Signature: _____ Date: _____

Cut off and keep for your records.

Ethos Academy Office: 623-249-3211

Coach & Athletic Director, Kari LaPlante: 602-920-3421