



**THE SUMMIT SCHOOL  
INTERSCHOLASTIC SPORTS PROGRAM**

**Winter 2024 Player Contract**

**Interscholastic Sports Program Fee: \$125**

Archery (Monday 3:45-5:00pm) \_\_\_\_\_ Basketball \_\_\_\_\_

Player's Name \_\_\_\_\_

Class/Group \_\_\_\_\_

I agree to play with The Summit School Interscholastic Sports Program during the Winter 2024 season. I have read the Interscholastic Sports Rules, and I understand the responsibilities associated with the team.

Player Signature: \_\_\_\_\_

Parent Signature:

\_\_\_\_\_



# THE SUMMIT SCHOOL INTERSCHOLASTIC SPORTS PROGRAM

Each player has responsibilities associated with team membership. Students should honor the game through their enthusiasm, poise and character. In accordance with the philosophy of The Summit School, students will exhibit respect for one another as well as respect for all involved in the game including coaches, players, opponents, and officials.

### Academic and Behavioral Standards

1. Academic Performance of all players will be monitored weekly.
2. If a player's academic performance appears to suffer because of participation in the Interscholastic Sports Program, support will be put in place to ensure academic success such as mandatory study hall on event and practice days. **Remember, school comes first and sports second.**

### Annual Medical Statement

Students who participate in interscholastic school sports activities are required to complete a physical exam each school year and return a practitioner signed Student Participation Physical Examination form that will state the student has been cleared to engage in sports activities.

### Rules of Conduct

1. Players absent from school on game or practice days are not eligible to participate in that day's sporting activity. This excludes a student shadowing at another school or students with other excused absences.
2. A positive attitude and good sportsmanship behavior are expected. Students having difficulty demonstrating a positive attitude and good behavioral control may lose playing time.
3. Punctuality is essential for all announced practices in order to have adequate time for warm up exercises.
4. School rules must be followed at all times. School behavior standards apply.
5. Please advise the coach if you are unable to attend practice or a game in advance.
6. Players should dress appropriately for all practice and game, or the player forfeits playing that day.
7. Poor attitudes and lack of sportsmanship will result in loss of playing time.
8. Alcohol, tobacco, or drugs in or at school related activities are prohibited.
9. The same rules for electronics during the school day, apply to athletics before, during and after sporting events. **Note:** Coaches will place players in positions they feel are best suited for an individual's ability and playing time is at the discretion of the coach.

### Consequences for Disciplinary Actions

Positive behavior both in-school and on the field is expected for Summit athletes. As a result, the following disciplinary actions may be taken:

1. If students are exited from class for misbehavior, they may be ineligible to play in the next game. Attendance at practice and the game are still expected.
2. If a student is suspended for disciplinary reasons, they may be dismissed from the team for the remainder of the school year.
3. If a student demonstrates behaviors that are detrimental to the team, they may be dismissed from the team by the coach for part or the remainder of the year.

### Parent's Pledge

Recognizing that parents are the most important role models for their children, I/we pledge to use positive encouragement with my child, honor the game by showing respect for all involved including coaches, players, opponents, opposing fans and officials; refrain from yelling out instructions to my child as that is the coach's job; refrain from making negative comments about my child's coach in my child's presence. Amateur athletics help to develop a sense of teamwork, self-worth and sportsmanship, and I/we encourage my child to play by the rules and respect the rights of others. I/We understand it is just as important on the athletic field/court as it is in the home to reinforce the rules of play.

I/We agree to the Parent's Pledge above. I/We have read the information and requirements on the registration form and parent information handout and will abide by these requests. I/We hereby give our permission for \_\_\_\_\_ to play with The Summit School Team and hereby waive any and all claims against The Summit School, its supervisors or any other person affiliated with the team/clinic, of injury or injuries sustained while watching or playing games and traveling to and from games.

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

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

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

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



## THE SUMMIT SCHOOL INTERSCHOLASTIC SPORTS PROGRAM

### Athlete's Information

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

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

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Class/Group: \_\_\_\_\_

### Emergency Contacts:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

In an emergency requiring immediate medical attention, The Summit School personnel will attempt to reach a parent/guardian first before any medical action is taken. If the parent/guardian is unavailable, the child will be taken to the nearest hospital emergency room. Your signature authorizes responsible Summit personnel to have your child transported and treated at the hospital.

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

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

I give permission for my child to be transported by bus to away sporting events. I also give my permission for my child to be transported by Summit staff or parents for athletic purposes. I acknowledge that any parent or Summit staff who transports children must submit a copy of their driver's license, vehicle registration and driving record history from the Maryland Department of Motor Vehicles to Dr. McCarthy. I am also aware that drivers are not permitted to use cell phones or smoke while transporting Summit students.

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

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