

**JOHN F. KENNEDY HIGH SCHOOL**  
**STUDENT – PARENT ATHLETIC PARTICIPATION CONTRACT**  
**and PARENT PERMISSION FORM**

Student: \_\_\_\_\_ Student ID: \_\_\_\_\_

Grade: \_\_\_\_\_ Team: \_\_\_\_\_ Var/JV \_\_\_\_\_ School Year: \_\_\_\_\_

**Parent and Student-Athlete:** Review this contract carefully (front and back), complete information as requested, affix signatures, and return the completed contract/permission form to the school.

**Stipulations**

The student-athlete and his or her parent/guardian have received and read the *Student-Parent Athletic Participation Information*. Based on this information, the student and parent/guardian understand and stipulate to the following:

1. I/We understand the eligibility regulations required for participation.
2. I/We affirm that the student has satisfied all of the eligibility requirements, including age, residence, and academics.
3. I/We understand that participation of ineligible players will result in individual and team sanctions, including forfeits for the team.
4. I/We affirm that the student will exert effort to maintain a high level of academic achievement.
5. I/We understand there is potential for serious, catastrophic, or life-threatening injury associated with participation in a sport.
6. I/We affirm that the student will not participate in hazing at any time, of any nature.
7. I/We, as a participant or spectator, will exhibit a high level of sportsmanship at contests.
8. I/We will follow appropriate procedures in communicating concerns to coaches.
9. I/We affirm that the student will abide by all team and participation standards.
10. I/We affirm that the student will not use steroids, illegal drugs, alcohol, and tobacco unless medically proscribed for a specific condition or illness.

**Residency Verification**

Students must be legally enrolled at a high school designated by the school system based on their legal address. Please respond to the following residency questions:

A. I reside at _____	City	MD	Zip Code
<small>Street Address</small>			
B. This residence is within the boundaries of _____ school/ Consortium			
C. I reside at this residence with a parent or guardian	_____ yes	_____ no	
D. I am a legally registered student at Kennedy HS	_____ yes	_____ no	
E. My current address is the same as last year:	_____ yes	_____ no	
F. I have only played at my current high school:	_____ yes	_____ no	
G. I agree to notify the coach / school of any changes in residence:	_____ yes	_____ no	

**Alcohol/Tobacco/Controlled Substances Policy Additions**

\*The rules below pertain to the student when on school grounds or at school sanctioned events.

If the use, distribution or possession of tobacco products by a student athlete is verified, the athlete will receive a minimum ten day suspension from all athletic activities. Upon verification of a second violation, s/he will be suspended for the remainder of the season or two months, whichever is longer.

If the illegal use, distribution, or possession of alcohol or drugs is verified, s/he will be suspended for the remainder of the season or two months, whichever is longer. Upon verification of a second violation, s/he will be suspended from all athletic activities for one calendar year.

**Permission to Participate**

I/We hereby authorize and consent to our child’s participation in interscholastic athletics and sports. We understand that the sport in which our child will be participating is potentially dangerous, and that physical injuries may occur to our child requiring emergency medical care and treatment. I/We assume the risk of injury to our child that may occur in an athletic activity.

In consideration of the acceptance of our child by the Montgomery County Public Schools in its athletic program, and the benefits derived by our child from participation, I/we agree to release and hold harmless the Board of Education of Montgomery County, its members, the Superintendent of Schools, the principal, all coaches, and any and all other of their agents, servants, and/or employees and agree to indemnify each of them from any claims, costs, suits, actions, judgment, and expenses arising from our child’s participation in interscholastic athletics.

I/We hereby give our consent and authorize the Board of Education of Montgomery County and its agents, servants, and/or employees to consent on our behalf and on behalf of our child, to emergency medical care and treatment in the event we are unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

Each year the Board of Education makes available a Student Accident Policy at a nominal premium. This insurance is secondary to the family’s own insurance. Because accidents will inevitably occur despite our best efforts to maintain a high level of safety in all student activities, this insurance coverage is recommended unless the family deems that other insurance coverage (in force) will meet the needs of the student. The Board of Education Student Accident Policy is available at the beginning and throughout the school year. The coverage may be obtained from the insurance carrier. Forms are available at the school.

I, \_\_\_\_\_, and I, \_\_\_\_\_  
(parent’s name) (student’s name)

have carefully reviewed the *Student- Parent Athletic Participation Information* and the *Student/Parent Athletic Participation Contract and Parent Permission Form*. I/We understand the conditions for participation in the Montgomery County Public Schools (MCPS) interscholastic athletic program, and we understand there are inherent risks associated with participation.

I/We agree as follows:

- My son/daughter has my/our permission to participate in \_\_\_\_\_  
(name of sport)
- I/We understand and conform to all of the statements in the Stipulations portion of the Contract.
- I/We I have responded truthfully and accurately to the questions in the Residency portion of the Contract.

Please affix signatures below.

\_\_\_\_\_  
Signature of Parent or Legal Guardian      Date      \_\_\_\_\_      Date

\_\_\_\_\_  
Signature of Student      Date

*\*In the event that parents are divorced and share legal joint custody, both signatures are required.*