



**Pine Hills
Adventist
Academy**
A K-12 SCHOOL
f

SPORTS APPLICATION and CONSENT (Grades 7-12)

PARENT/GUARDIAN NAMES (PRINTED): _____

STUDENT NAME: _____ GRADE (7TH-12TH): _____

STUDENT NAME: _____ GRADE (7TH-12TH): _____

STUDENT NAME: _____ GRADE (7TH-12TH): _____

ELIGIBILITY and PARTICIPATION REQUIREMENTS

To become eligible for junior or varsity sports, a student must have met the following requirements at the end of the previous quarter grading period with:

- 1) A minimum cumulative GPA of 2.0
- 2) Satisfactory attendance and citizenship
- 3) No D, F, or I in any class or attendance (For classes retaken during summer, submit an Academic Variance Request for consideration.)
- 4) Medical clearance
- 5) A signed liability waiver (Release of Liability and Assumption of Risk)

To participate in junior or varsity games, the team members must fulfill the following:

- 1) If a student loses team eligibility for any reason, he/she may not travel with the team to away games.
- 2) A player may be dismissed from a game or removed from the team at the coach's discretion due to a poor attitude, poor sportsmanship, and/or unsatisfactory grades.

PARENT AUTHORIZATION

I, the undersigned, hereby give permission for my child(ren) named above, to participate in the extracurricular sports program of Pine Hills Adventist Academy during the 2019-20 school year. I understand the eligibility and participation requirements for students. I acknowledge at least one parent needs to attend the mandatory sports meeting on Friday, August 30 at 6:00 p.m. My family also agrees to follow the expectations of the athletic director and coaches and support the program in our efforts and attitudes.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

STUDENT AGREEMENT

To the best of my knowledge, I meet the eligibility requirements for junior varsity or varsity sports and I would like to participate in the Pine Hills sports program during the 2019-20 school year. I understand I must maintain the requirements listed above. I also understand the participation requirements and will follow the rules and regulations that govern student conduct at all sports activities and events.

STUDENT SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

(SEE REVERSE SIDE FOR SUMMER SPORTS WAIVER)



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SUMMER SPORTS WAIVER

PARENTS/GUARDIANS: This form is only for Pine Hills extracurricular sports teams that begin optional practices before the first day of school. This form must be submitted, as well as a sports physical, before students may begin practice or conditioning.

LIABILITY WAIVER AND AGREEMENT

I understand that participation in any summer sports activities or practices is not expected or a requirement for joining PHAA's sports teams. I understand that participation in summer sports is not supervised by PHAA or covered under Pine Hills Adventist Academy's or Northern California Conference of SDA's insurance policies. I understand that official practice dates for sports events will begin after the first day of school on August 21, 2019. I also understand the rules and regulations that govern student conduct which will be in effect during this event.

SIGNATURE OF PARTICIPANT: _____	DATE: _____
SIGNATURE OF PARTICIPANT: _____	DATE: _____
SIGNATURE OF PARTICIPANT: _____	DATE: _____
SIGNATURE OF PARENT/GUARDIAN: _____	DATE: _____

PARENT CONSENT

I hereby give permission for my child(ren) named above to participate in summer sports training with PHAA's sports teams. I further give permission for my child(ren) to receive any treatment deemed necessary by a local physician or dentist and/or the transfer of my child to the nearest hospital. In the event of illness or injury of my child, reasonable attempts will be made to contact me.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

EMERGENCY CONTACTS AND INFORMATION

NAME: _____	PHONE: _____	ALT. PHONE: _____
NAME: _____	PHONE: _____	ALT. PHONE: _____

Important information concerning my child's medical treatment (medical conditions, allergies, medications) to which a physician should be alerted:

(SEE REVERSE SIDE FOR SPORTS APPLICATION—NON-SUMMER)