



# Athletic Packet

2020 – 2021

# Heritage Academy Code of Conduct for Scholars and Parents

Participating in an athletic program at Heritage Academy is a privilege. With this privilege, scholar athletes are expected to adhere to a high standard of behavior. All scholar athletes shall abide by a code of ethics that will earn them the honor and respect that participation and competition afford. It is important for our athletes to realize they represent their families, the school, and the community at all times. Scholar athletes act as role models for the younger scholars. Scholar athletes have the commitment to their teammates and coaches to be at their best physically, mentally, and academically at all times.

Scholar athletes should promote a healthy lifestyle by not using any illegal or unhealthy substances including alcohol, tobacco, vaping, and drugs. Athletes should not engage in any unhealthy techniques to gain, lose or maintain weight. It is expected that scholar athletes to always adhere to the Code of Conduct, not just during the sport season.

It is important that a scholar athlete realize the great sacrifice by coaches, teammates, teachers, family, and others on your behalf. Your gratitude is expressed by your respect.

Heritage Academy issues a Scholar Handbook that can be obtained online or from the front office or found online at [heritageacademyaz.com](http://heritageacademyaz.com). Athletes are expected to follow these policies and rules in addition to this Code of Conduct.

## **ATHLETES MUST AGREE TO:**

- Be to all practices and all games on time.
- Be responsible for any equipment and uniform issued to them and returning it as requested at the designated time and place. Scholar will replace misused, abused or lost equipment or be charged the replacement value.
- Be respectful and encouraging towards your teammates. Do not belittle them for their mistakes or abilities. Be encouraging as they are working hard too. Bullying and hazing will not be tolerated in any form.
- Take responsibility for your academic eligibility and the tools to help you stay on track offered by your coaches.
- Help other teammates who may struggle in classes you excel in.
- Listen to your coaches while they are talking to you or another player. Coaches should not talk over you.
- Not use or possess illegal substances including tobacco, alcohol, vaping devices, marijuana or drug paraphernalia.
- Not participate in any other act that results in the scholar athlete being charged with a crime or referred for juvenile delinquency.
- Notify one of the coaches of any teammate that might be struggling with issues contrary to the scholar athlete code of conduct.

## **PARENTS MUST AGREE TO:**

- Have their athlete on time to all practices and all games.
- Help your athlete keep track of any equipment and uniform issued to them and keep it in good condition. Replacement costs are not part of the participation fees.
- Not encourage belittling conversation towards players and/or coaches. Your comments are welcomed at the appropriate time.
- Cheer from the designated areas. A parent should never enter the area of play before, during or after a game, including half time.
- Share with the coach any concerns you may have about your athlete regarding sports, academics, or anything you feel would better help the team better understand him/her.
- Please respect the coaches and their time. Immediately before or after games is not the time to bring up concerns with coaches.

Parent Signature: \_\_\_\_\_ Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HERITAGE ACADEMY PARENT CONSENT AND EMERGENCY INFORMATION**

My signature below indicates my permission for my scholar, \_\_\_\_\_, to participate in after school sports/activities at Heritage Academy. My signature also indicates that I have read and approve the medical treatment authorization.

**EMERGENCY INFORMATION**

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Day Phone of Parents: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

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

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

In an emergency, if the parents cannot be reached, please notify:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION**

In the event of illness or injury occurring to my child while participating in this activity, I hereby give me consent for medical or dental care deemed necessary by the attending health care provider or dentist. My child may be examined and any necessary procedures (medical, dental, or surgical), anesthesia or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services.

I understand that, in the event of other than minor illness or injury reasonable effort will be made to contact me.

I/We give our permission for \_\_\_\_\_ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, the injuries can be so sever as to result in total disability, paralysis, quadriplegia or even death. I/We acknowledge that I/we have read and understand this warning.

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

# Heritage Academy Insurance Information

## INDIVIDUAL INSURANCE INFORMATION

I affirm that I am the parent or legal guardian of the below named student. I understand that Heritage Academy requires all students participating in Interscholastic Athletics and certain other activities, to be covered by an accident insurance policy. Fully understanding and accepting all responsibility and absolving the school board and the school of such responsibility, I hereby make known that I want my personal health and accident insurance to be considered to cover the named student. I represent that the named student is currently covered and will be covered during the present school year by an accident insurance policy. I further acknowledge that in the event my personal health and accident insurance is cancelled, withdrawn, or in any way ceases to exist, I will withdraw \_\_\_\_\_(student name) from all sports activities until such time as I obtain equivalent health and accident insurance.

I further accept full responsibility for all obligations, financial or other, which may result from injuries to my son/daughter while participating in the school sports and activity program.

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Insurance Company Name  
Effective Date

Policy Number

Policy

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I have read and understand all the information in this packet, I am aware that catastrophic injuries and even death may result from athletic participation. I also understand that Ille Heritage Academy does not provide accident insurance for my son or daughter.

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Parent/Guardian

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Date

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