

Mechanicsville Parent/Student/Athletic Department Agreement

Student Name: _____ Date Signed: _____

Parent/Guardian Name(s): _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Email(s): _____

I acknowledge that we have been fully advised, cautioned, and warned by the proper administrative and coaching personnel of Mechanicsville High School that our/my child may suffer serious injury including but not limited to sprains, fractures, brain damage, paralysis, or even death by participating in sports. I specifically acknowledge that football, field hockey, wrestling, gymnastics, lacrosse, soccer, and baseball are violent contact sports.

For football & lacrosse players: No helmet can prevent all head and neck injuries a player might receive while participating in football or lacrosse. Do not use this helmet to butt, ram, or spear an opposing player. This is in direct violation of the rules and such action can result in severe head and neck injuries, paralysis, or death to you and possible injury to your opponent.

I am aware of the risk of concussions and have been informed of the risks, signs, and symptoms and return to play policy.

Student Signature: _____ **Parent/Guardian Signature:** _____

I acknowledge that we have read all the regulations regarding athletics and we agree to support and abide by them. Some, but not all, of the regulations are listed below:

- According to the Participant's pledge as set forth in the Mechanicsville Student-Athlete Policy Book, I understand that I am to remain free of all alcohol, tobacco, and illegal drugs and that I will exhibit good citizenship and sportsmanship.
- I understand that there are other prohibited substances as well: such as steroids and energy drinks.
- I agree to pay the replacement cost if I do not return and/or damage my uniform or equipment.
- I understand that I am responsible for any fines imposed by the VHSL due to any inappropriate behavior by me.
- I understand that I must ride on county transportation to and from the event. If the coach allows for the student to ride home with parents, the student may only be released to his/her parent/guardian by signing out with a coach.
- I understand that I am to attend ALL classes on practice days and game days in order to participate. Any exceptions must be approved by the Student Activities Director (AD).
- I understand that I am to exhibit good sportsmanship at all times. I understand that my behavior at school, out of school, online, and on social media may affect my participation in activities and athletic teams at Mechanicsville High School. I am not to participate in hazing activities.
- I understand that I must meet the academic requirements of both the VHSL and MHS in order to be eligible for athletics. Athletes must be passing at least 5 classes at the end of each Nine Weeks, semester, and year to be eligible. Academic eligibility will be checked at the end of each Nine Weeks.

I understand that failure to meet the expectations of the athletic department, the school, the county, and/or the VHSL may result in a temporary or permanent dismissal from participation in activities.

Student Signature: _____ **Parent/Guardian Signature:** _____

I grant permission to MHS for my son/daughter to be photographed, video taped, interviewed, or quoted by the media about a school activity.

Parent/Guardian Signature: _____

I grant permission for my phone number, address, and email to be provided to the Mechanicsville Athletic Booster Club or team representative for communication purposes.

Parent/Guardian Signature: _____