The HMS Athletic Department is deeply committed to providing as many students as possible the opportunity to play competitive sports. Being a part of a team is a big responsibility for the students and the parents/guardians. We focus on self-discipline, teamwork, sportsmanship, and effort. Through sports, students will strengthen their athletic, mental, and social skills. In order to maintain a quality program, it is imperative that everyone agrees to the following provisions. Please read each one carefully and sign only if you give your full consent.

**Philosophy**

Athletics supplement and support the academic mission of the school system and assist students in their growth and development. Athletics assists in promoting the importance of teamwork, effort, goals, and commitment. Interscholastic athletics is highly competitive, but winning is not the primary measure of success. Sportsmanship, respect for participants, and dignity in the face of adversity are more important than the outcome of the contest. All athletes do not perform at the same level, but all can demonstrate effort, dedication, and sportsmanship.

**Sportsmanship**

An important mission of the athletics program is to teach and reinforce values relating to sportsmanship, competition, and fair play. It is expected that team personnel, parents, and spectators respect this mission by exhibiting appropriate behavior at athletic events.

**Student Responsibilities**

* I will keep track of my homework assignments every day and write them in an agenda or my binder before leaving each class. HMS has provided every student with a 16-17 school agenda.
* I will let my parents know [when I need school supplies](https://www.verywell.com/what-kids-need-to-know-about-school-lockers-3288159) that will help me complete assignments. This includes pencils, pens, paper, graph paper, poster board, glue, markers, calculators, etc. Visit AHOY or Media center for supplies if unable.
* I will let my parents know if I do not understand an assignment or if I am having trouble keeping up in class. If I don't understand a homework assignment, I will ask my teacher for more information.

**HMS has a NO PASS NO PLAY policy.**

* HMS will be offering tutoring to any student in the morning, **7:00 -8:00 & afternoon 3:25 – 4:30**. If an athlete is found in eligible then they are not allowed to practice; a player **MUST** attend tutoring from

**3:30-5:30 until grades are checked again; extra conditioning will be necessary.** Report to the coach any issues or developments that may affect eligibility status.

* Athletes are required to turn in all academic work on time. Leaving campus for athletic activity will not be an excuse for any missed work or assignments.
* Athletes are not guaranteed any set amount of playing time. Playing time is at the complete discretion of the coach.
* I am a representation of HMS and my family. I will carry myself like a lady, watch language that is socially acceptable. Profanity, vulgar talk and obscene gestures will not be tolerated on and off the court, and I will be a LEADER not a follower. I will respect the dignity of all persons; therefore, I will not physically, mentally, or psychologically abuse or bully any person.
* When at games I will never go anywhere alone – I will have a buddy with me for safety.
* I will respect and abide by all school rules, regulations, and policies. I will comply with instructions from all coaches and teachers immediately.
* A student may not participate when she is serving an out-of-school suspension. The student becomes eligible to participate on the next school day following the suspension. Extra conditioning will be required in such events. A student being sent to ISS or any student a teacher has had an issue with and they feel the need to inform coaching staff will have extra conditioning as well.
* If a practice is missed extra conditioning will be required and must be completed before the next game. Students must contact the coach at least one day prior if they will miss practice. Missing practice may affect playing time on game days. If there are multiple unexcused absences, the coach has the right to release the player from the team.
* Athletes are not allowed to quit the team once they have made this commitment. If a student chooses to quit without permission, will affect future eligibility with regard to the athletic program. Remember each member is the piece to a puzzle, everyone depends on the other.
* **ALL DRAMA, ATTITUDES and COMPLAINING WILL be left outside the gym.**

**Electronic Communications**

Parents and students are expected to utilize appropriate, positive use of social media, e-mail messages, blogs, websites, and other electronic communications. Parents and students shall not make inflammatory or derogatory comments and/or post inappropriate descriptions or pictures regarding students, staff members, coaches, and/or other teams or schools. HMS uses Remind101 as communication with players and parents.

**Lady Tigers Basketball**

Leslie Clardy & Jodi Bearns

**Email:** [coachbearn@mail.remind.com](mailto:coachbearn@mail.remind.com)

**Text:** 81010 **Message:** @coachbearn

**Coach emails:**

Clardy, Head: [leslie.clardy@christiaqn.kyschools.us](mailto:leslie.clardy@christiaqn.kyschools.us)

Bearns, Assistant: [jodi.bearns@christian.kyschools.us](mailto:jodi.bearns@christian.kyschools.us)

Atasha Moss, Team Mom: [atashamoss@gmail.com](mailto:atashamoss@gmail.com)

Trevin Bell

Raymond Moss

SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Athletes Signature) DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Responsibilities**

* I will make sure that my child is available and participates in all girls’ basketball fundraisers as my child will benefit from raised funds.
* I will stay up-to-date on [my child's progress in school](https://www.verywell.com/homework-middle-school-and-tweens-3288181). Signing of for Parental Portal is the easiest way, contact attendance for more info.
* If my child is struggling with a homework assignment, I will offer suggestions and advice, but will not complete the assignment for her. I will contact my child's teacher if she is struggling with a particular subject.
* Parent/Teacher conferences may be set up through guidance.

**Permission to Participate**

I/We hereby authorize and consent to our child’s participation in HMS athletics. 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 HMS 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 Christian County, its members, the Superintendent of Schools, the principal, all coaches, and any and all other of their agents, servants, and/or employees, as well as entities that provide training to HMS coaches

and/or athletes as part of the school system’s athletic program, and agree to indemnify each of them from any claims, costs, suits, actions, judgment, and expenses arising from our child’s participation in athletics.

* I/We hereby give our consent and authorize the Board of Education of Christian County and its agents, servants, and/or employees to consent on our behalf and on behalf of our child, to administer 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.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(student’s name)*, and I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(parent’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 HMS interscholastic athletic program, and we understand there are inherent risks associated with participation.

I/We agree as follows:

• My daughter has my/our permission to participate in GIRLS’ BASKETBALL at HOPKINSVILLE Middle School.

• I/We understand and conform to all of the statements in the Stipulations portion of the Contract.

SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parents' Signatures) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*In the event that both parents retain legal guardianship of the student, the signatures of both parents are required.*

**CONTRACT / PERMISSION SLIP / MEDICATION FORM 2016 – 2017**

We have read, understand, and agree to this HMS Athletic Contract.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my child permission to try out for and compete for HMS girls’ basketball team. I also understand that my child will be transported to away games by bus. If no bus is available parents have to transport their own child.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone#: \_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach a copy of your insurance card with this form for us to keep on file.**

\*Does your child take any medication and/or inhalers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other medical concerns/issues that we need to be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If your child request Tylenol 500mg or Ibuprofen 200mg – 800mg may it be given? YES NO

\*If yes please specify which one and dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If no then please supply your child with their own. It will be kept in the first aid bag labeled.

**If parent(s)/guardian(s) are unreachable please list emergency contacts:**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_