



Athletics Agreement

A signed agreement is required for each season the athlete participates in.

I, _____ (athletes name) and _____ (parent/guardian name).

I have read in full the High Point Athletic Manual and agree with the policies and procedures of the department.

We agree to the importance of:

1. Practices/games and will communicate with the coach of any excused absences through email.
2. Academics and eligibility. My athlete will have the same commitment to his academics that he has towards athletics. They will strive to meet the requirements to stay eligible for competition.
3. Godly Character. My athlete will maintain Godly character on and off the court and demonstrate leadership quality to the school body.
4. My athlete will maintain the condition of the uniform that was given to them. Returning the uniform in good condition.

Medical Permission:

My son/daughter, _____ has permission to be given Tylenol, Ibuprofen, or Benadryl as needed during Athletic events deemed necessary by coaches, athletic director, trainers, or medical team.

All medication will be administered as directed on the label.

I hereby give permission for the nurse, athletic director, or coach to administer medication or lifesaving treatment to my athlete. I understand that the designated school employee shall not be liable to the athlete. Parent or guardian of the athlete, for civil damages for any personal injuries to the athlete, which result from acts of omission in administering any medical or of lifesaving treatment.

With this information, I have read the above medical permission and agree:

Parental signature _____

Student signature _____