



ATHLETIC RESPONSIBILITY ACKNOWLEDGEMENT

Athlete's Name (Please Print)

Year

Prior to participating in any practice or tryout for any interscholastic sport, each athlete must:

1. Successfully pass a physical examination by a registered physician and a copy of the exam must be on file in the office of the athletic director. One physical examination per year is sufficient for all sports during that school year.
2. Sign and return to the coach the Athletic Responsibility Acknowledge Form.
3. Complete and return to the coach the Emergency Medical Form.

As a District Three student-athlete participating voluntarily in interscholastic athletics, I pledge that:

1. I will abide by the Spartanburg School District Three student code of conduct, the rules of our athletic handbook, the coach's team rules, and the rules of the SCHSL.
2. I will conduct myself in an exemplary manner and model good character.
3. I will be responsible for all athletic equipment issued to me, will return such equipment at the conclusion of the season, and I will pay the current replacement cost for any of the equipment not accounted for by me at the end of the season.
4. I will not use, or be in possession of, tobacco, alcohol, or any illegal or inappropriate substance. If I use any of these substances, am in possession of such substances, or am suspended from school for use or possession of these substances, I will be subject to disciplinary actions as outlined in district, school, and athletic policies.
5. I acknowledge that I have been properly advised and cautioned, by administrative and coaching personal of District Three that I am exposing myself to the risk of injury, including, but not limited to sprains, fractures, ligament/cartilage damage, brain damage, paralysis, or even death. Such injuries could result in temporary or permanent, partial or complete impairment. Having been warned, it is still my desire to participate in sports and to do so with full knowledge and understanding of the risk of injury.
6. I, along with my parent/guardian, certify that I have read and understand all policies in the athletic handbook. I also understand that in order to be eligible for participation, I must comply with all requirements listed.

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____