



## Antioch Middle School Athletic League

### Code of Ethics

Participating in or view in an athletic event is a privilege. Everyone associated with the event-coaches, athletes, parents, officials, spirit groups, bands, school administrators and support personnel- plays an important role in ensuring that standards of sportsmanship are upheld before, during, and after the event.

Sportsmanship is the practice of playing fair taking defeat without complaint, taking victory without gloating, and treating everyone involved with respect, courtesy, and generosity. The following are some examples of expectations.

- Refrain from making any derogatory remarks to anyone, including game officials.
- Wish opponents good luck before the contest and treat them with sincere respect after the contest.
- Learn the rules of the game and play by them.
- Respect the judgment and decisions of game officials, coaches, administrators and support personnel.
- Be a positive role model and set a good example by supporting both teams in every manner possible.
- Do not criticize athletes, coaches, or officials or their performance.
- Respect and take care of the facility, uniforms, bus, all other equipment, and clean up after yourself.
- A ticket is a privilege to observe and support, not a license to be verbally abusive or generally obnoxious.

LET THE PLAYERS PLAY!

LET THE COACHES COACH!

LET THE OFFICIALS OFFICIATE!

I understand and agree to abide by the general guidelines of good sportsmanship as a participant or as a spectator. If I become involved with a blatant incident that is brought to the attention of school or league officials, there may be consequences including in severe or repeated cases, being removed from the team or being banned from watching games.

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

# ANTIOCH UNIFIED MIDDLE SCHOOL INTRAMURAL APPLICATION

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's e-mail: \_\_\_\_\_ Day Phone: \_\_\_\_\_

CIRCLE GENDER AND SPORT THAT YOU ARE APPLYING FOR:

BOYS /GIRLS                      FLAG FOOTBALL                      BASKETBALL                      VOLLEYBALL                      SOCCER

**Teacher Sponsor:** I know this student and I recommend this student for the Intramural program.

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please only sign if you feel that this student meets the extra-curricular activities guidelines, and you are willing to help the student stay on track.**

**Student Agreement: I agree to follow the Middle School Intramural Program rules as listed below:**

- I will follow the school rules as stated in the AMS Student Handbook.
- I will be on time and dress appropriately (you will not have access to the locker room to change... please come dressed to participate.)
- I will remain in the areas set aside for the Intramural Program
- I will provide the Intramural Coordinator, or coach, with a written note if I need to leave the designated area before the scheduled completion of the program.
- I will demonstrate good sportsmanship at all times and pursue victory with honor.

**As stated in the student planner:**

## **EXTRA CURRICULAR ACTIVITIES**

We want students to be involved at our school! However, participation in extra-curricular activities is a privilege and is given as a reward to students who demonstrate proper conduct and academic achievement. The following items may affect eligibility.

1. A GPA of 2.0 or below on the progress report or report card.
2. More than one "F" on the progress report or report card
3. Disciplinary referrals
4. On-Campus Suspension/At home suspensions

**I understand that if I violate this contract I may lose my privilege to participate in the Middle School Intramural Program. I also understand that I am accountable for my actions while at Intramurals and, if deemed necessary, could be subject to disciplinary action by the school's administration.**

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please circle grade level  
6      7      8

## ANTIOCH UNIFIED SCHOOL DISTRICT

### AFTER SCHOOL SPORTS PERMISSION SLIP

My child \_\_\_\_\_ has my permission to participate in after school sports for the 2019-2020 school year.

In case of an emergency and medical attention is needed, my child's regular doctor is \_\_\_\_\_ we have medical insurance covering our child with \_\_\_\_\_ policy # \_\_\_\_\_

Our home phone number is \_\_\_\_\_

Father's work number cell \_\_\_\_\_

Mother's work number cell \_\_\_\_\_

If unable to contact us you may call \_\_\_\_\_

Whose phone number is \_\_\_\_\_

My child is \_\_\_\_\_ years old. His/her birthday is \_\_\_\_\_

Our home address is \_\_\_\_\_

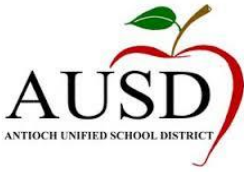
Our mailing address is \_\_\_\_\_

Last known tetanus shot was on(date) \_\_\_\_\_

Please list below any medication or information we need to know about your child (such as medication your child may be allergic to etc.) \_\_\_\_\_

\*I give the teacher in charge the authority to obtain immediate medical attention

\_\_\_\_\_  
PARENT SIGNATURE



## ANTIOCH UNIFIED SCHOOL DISTRICT

### Extracurricular Activities

#### Voluntary Activities Participation Form Acknowledgment and Assumption of Potential Risk

I authorize my son/daughter, \_\_\_\_\_ to participate in the District sponsored activities of \_\_\_\_\_.

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements. I understand and acknowledge that in order to participate in these activities, my son/daughter and I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

**I understand, acknowledge and agree that the Antioch Unified School District, its employees, officers, agents or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.**

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

\_\_\_\_\_  
Signature Date Parent/Guardian

\_\_\_\_\_  
Student Signature Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the District before a student will be allowed to participate in the above extra-curricular activities