



# Rockford Public Schools

Quality Community – Quality Schools  
Together Building a Tradition of Excellence

Athletics Department  
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## Parent – Athlete Pre-Season Checklist

Please check off the following items, then date, sign and return form to your Coach.

- 1. Student-athlete has a physical on file in the athletic office dated after April 15, 2017.
- 2. I understand the academic eligibility requirements.  
(At all times must be passing 4 of 5 classes with a minimum of 3 C-'s)
- 3. I have read the athletic training code and will abide by the code throughout my athletic career at Rockford High School. (See attached form)
- 4. I will pay the participation fee of \$120 per sport. (\$350 family max) Fee will be posted online to the student's family access account once rosters are established. **Fee must be paid prior to the first contest.** Following the first 2 weeks of practice, refunds will not be issued for any athlete who is injured, quits, or is suspended from the team. Financial hardship needs to be brought to the attention of the Athletic Director.
- 5. I have read the RPS Transportation Policy and understand that my student/athlete may not be provided transportation from an event and grant permission for my child to ride with his/her parent guardian, or a parent/guardian of a team member. (See attached form)
- 6. I am aware that student/athletes may not self-administer medication without completing an Events Self-Administration Medication Form. (Self-administration medication form is available in the athletic office)
- 7. I understand & agree to abide by the Team Rules established by the coaching staff of this program. (If applicable)

Print student name: \_\_\_\_\_ Sport: \_\_\_\_\_

*\*I have read and understand the policies checked above.*

X \_\_\_\_\_  
(Student/Athlete Signature) \_\_\_\_\_ Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

X \_\_\_\_\_  
(Parent/Guardian Signature) \_\_\_\_\_ Date \_\_\_\_\_ Home Address \_\_\_\_\_

Parent Email Contact(s): \_\_\_\_\_

In Emergency, contact: \_\_\_\_\_ phone: \_\_\_\_\_

Or contact: \_\_\_\_\_ phone: \_\_\_\_\_

Family Doctor \_\_\_\_\_ phone: \_\_\_\_\_

Special Medical info (allergies, current medications, etc.) \_\_\_\_\_

I \_\_\_\_\_, an 18 year-old or the parent or guardian of \_\_\_\_\_ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the existing circumstances and to assume the expenses of such care.

X \_\_\_\_\_  
Signature of Parent or guardian or 18-year-old student \_\_\_\_\_ Date \_\_\_\_\_

*\*This form must be signed by athlete and parent and then returned to the coach following try-outs.*