



## STUDENT PARTICIPATION:

This application to participate in interscholastic athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or merchandise in any amount, or any emblematic award worth more than \$25.00 for participating in an athletic event. I have never competed under an assumed name. After I have represented Pioneer High School in any sport, I promise not to compete in any outside athletic contest in that sport until after the high school season has been completed. **I understand that by participating in a sport I am exposing myself to the risk of serious injury, paralysis or death.** I know I must report all injuries to the athletic trainer or coach. I, also, understand that I am expected to adhere firmly to all established athletic policies of my coach, the Pioneer High School Athletic Department, the Ann Arbor Public Schools, and the Michigan High School Athletic Association. I verify that I have a 2.0 grade point average and am passing five classes according to the District eligibility policy to try out and to continue athletic participation. I understand that I cannot compete in outside athletic contests in the sport I am playing for Pioneer until my high school season has ended. I affirm that I legitimately reside in the Ann Arbor Pioneer High School attendance area. And I have read and agree to the Athletic Code of Conduct. **Students are not allowed to drive themselves or others to meets/scrimmages/games.**

→ Date \_\_\_\_\_ Athlete's Signature \_\_\_\_\_

## PARENT OR GUARDIAN NOTIFICATION AND CONSENT:

I hereby give my consent for the above named high school student to participate in interscholastic athletics at Ann Arbor Pioneer High School during the current school year. I give permission for said student to travel on all athletic trips scheduled for his/her team. I understand that occasionally a coach may assign my child to ride to an athletic event with a selected adult driver in a privately owned vehicle. In granting this permission I assume full responsibility for any damage to person or property caused by my child. I agree that if it is determined that my child needs medical or dental treatment while on a field trip, I will be responsible for any such treatment determined necessary by a physician, dentist, athletic trainer, coaches or emergency medical personnel. I give my permission to the team physician, all coaches and athletic trainers to care for and provide appropriate medical treatment for my son/daughter in the event of an injury. I authorize the athletic training staff and team physicians the right to release information regarding injuries or illnesses that may occur to my child to his/her coaches, emergency medical personnel, school officials (athletic secretary/OP, school nurse, administrators). Furthermore, this information will be provided to the school's contracted insurance carrier in the event of a claim. The consent to release medical information will expire one (1) year from the date I have signed it. I also understand that this consent may be revoked at any time by me in writing but in doing so my son/daughter may be prevented from participating. I further agree that if the behavior or health of my child should make it necessary to send him/her home prior to the scheduled return time, I will be responsible for those expenses. I understand that no child will be sent home unaccompanied by an adult. A coach will accompany the athlete during the scheduled activity. **I understand that by participating in interscholastic athletics my son/daughter is exposing himself/herself to the risk of serious injury, paralysis or death.** I verify that my child has not been sick within the last two weeks. I understand that my child must report all injuries to the athletic trainer and coach. I, also, understand that my son/daughter is expected to adhere firmly to all established athletic policies of his/her coach, the Pioneer High School Athletic Department, the Ann Arbor Public Schools, and the Michigan High School Athletic Association. I verify that my son/daughter has a 2.0 grade point average and is passing five classes in the Ann Arbor School system, according to the eligibility policy to try out and to continue athletic participation. I understand that if my child receives special education services I can consult with the teacher consultant for a change in eligibility standards. I understand that college athletic participation requires meeting NCAA standards of 2.0 grade point average in core classes and minimum scores on ACT and SAT tests. I give permission to have the following information regarding my son/daughter without additional consent: student's name, class designation, extracurricular participation, honor and awards, height and weight (for team rosters), and photographic, video or computer image. I understand that my child cannot compete in outside athletic contests in the sport while playing for Pioneer until the high school season has ended. I understand that any school equipment given to my child during the year will be returned or I will pay for it as new. I affirm that my child legitimately resides in the Ann Arbor Pioneer High School attendance area. And I have read and agree to the Athletic Code of Conduct. **The Pay to Participate fee is non-refundable and does not guarantee my son/daughter game playing time. Students are not allowed to drive themselves or others to away meets/games/scrimmages.**

→ Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

## >>> ELIGIBILITY INFORMATION

10th, 11th, and 12th graders enrolled at other schools or in summer school, this past year will need a copy of those grades for the purpose of eligibility. **Bring grades with you at the time of registration. Failure to bring requested grades will delay participation.**

**ATHLETIC BENEFIT FEE: ALL SPORTS \$30 One time fee per school year**

**PAY TO PARTICIPATE: 1<sup>st</sup> sport - \$150; 2<sup>nd</sup> sport - \$75; 3<sup>rd</sup> sport - no fee**

The student is able to get this fee waived in the following ways: **Provide Medicare/Medicaid card, a letter indicating free lunch program acceptance, or proof of food stamps from FIP or FDPIR.**

**Two separate checks are required  
Make checks payable to Ann Arbor Public School.  
Both Fees are Non-Refundable**

**\*DO NOT MAIL THIS FORM\***  
**(BRING COMPLETED FORMS TO THE ATHLETIC OFFICE)**