

**COMSTOCK PARK PUBLIC SCHOOLS
ATHLETIC DEPARTMENT
Parent – Athlete Pre-Season Checklist**

Please check off the following items, then date and sign the form indicating that parent and athlete have read and understand all of the following:

_____ Student-athlete has a physical on file in the athletic office dated after April 15.

_____ I understand the academic eligibility requirements. (See below)

Current Semester Record: Powerschool will be used to check eligibility weekly. Eligibility is cumulative from the first day of each semester to the last day of each semester. The following criteria will determine eligibility:

- Student-athletes with any failing (E) grades
- Student-athletes with more than two D's

Student-athletes who do not meet the above criteria will be declared ineligible for a minimum of one (1) week (Monday through Sunday). If at the end of the first week, the ineligible student-athlete passes the previous failing class and or does not have more than two D's, he/she will be deemed eligible by the Athletic Director.

_____ I have read the Comstock Park athletic training code and will abide by the code throughout my athletic career at Comstock Park Public Schools.

_____ I have read and understand the Comstock Park Public Schools Guide for Parent/Coach Communication brochure.

_____ I have read and understand the Comstock Park Public Schools Athletic Department Information brochure.

_____ I have paid the activity fee of **\$70HS/\$55MS per sport (\$280HS/\$220MS family max per year)**. This fee must be paid prior to the set deadline. 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. Any financial hardship needs to be brought to the attention of the Athletic Director prior to the first contest.

_____ I understand that the Comstock Park School Athletic rules require that students ride the buses to and from all athletic events and a departure from this requirement will release Comstock Park school School District from all liability from any adverse results that may occur.

_____ I understand and agree to abide by the Team Rules established by the coaching staff of this program. (If applicable)

I have read and/or understand the policies checked above.

Student/Athlete Signature

Date

Parent/Guardian Signature

Date

This form must be signed by athlete and parent and then returned to the **coach during the first week of practice.*

***Athletic Forms are available online at cpschools.com*