

**Bangor Middle School Athletics (JFDS / WSCS)**  
**INTERSCHOLASTIC SPORTS GUIDELINES & AGREEMENT**

**A. OBJECTIVES**

1. To provide an opportunity for talented athletes in Bangor's middle schools to compete against talented athletes from other schools.
2. To provide an opportunity for the student to refine skills and knowledge of the game.
3. To provide opportunity for the student to represent the school, promote school spirit, and citizenship.
4. To provide an opportunity for the student to be a member of a team and to learn the importance and satisfaction of working together as a team.
5. To provide an opportunity for the student to strive for success and to accept lack of success in competition.
6. To promote individual responsibilities and commitment.

**B. PRACTICES – GAMES**

Practice will be held on regular basis. A complete practice and game schedule will be distributed to players in the near future.

**C. ELIGIBILITY CRITERIA**

1. Meet the Interscholastic Sport Eligibility Criteria.
2. All permission forms and health information must be completed and on file in the office before a student may participate in any practice or tryout.

**D. TEAM REQUIREMENTS**

1. Sportsmanship will be shown at all times, on and off the field or court.
2. The player will obey all training rules regarding use of alcohol, tobacco, and drugs.
3. The player will attend all practices and games unless excused by the coach. An unexcused absence will mean the player sits out the next game. Two unexcused absences may lead to dismissal from the team.
4. The player will obey all school wide rules.
5. The player will be responsible for the cleanliness and proper care of their uniform.
6. All players will ride bus transportation to and from all games and practices when provided unless excused by the coach into the care of their parent or guardian.
7. Players may be asked to dress as a team on game days.

**E. SELECTION CRITERIA**

1. Skills evident
2. Present physical condition/stamina
3. Knowledge of the game
4. Attitude and desire
5. Demonstrates cooperative spirit

**F. ATHLETIC CANDIDATES' AGREEMENT**

If selected as a member of any group representing the James F. Doughty School or the William S. Cohen School, I do hereby agree to abide by all requirements of the activity, school policies, code of conduct, and transportation rules as set forth by the school and coaching/advisory staff. I understand that these regulations are in effect for as long as I am a member of the activity on the playing fields, courts, or performances, during school and outside school during the activity season. I understand that violations may lead to immediate dismissal from the activity.

# JAMES F. DOUGHTY SCHOOL-WILLIAM S. COHEN SCHOOL

## EXTRA-CURRICULAR ACTIVITY & ATHLETIC CONSENT FORM

*PARENT/GUARDIAN - PLEASE FILL OUT COMPLETELY.*

It is the responsibility of the parent/guardian, the student, and the coach or advisor to understand the behavioral expectations and the supports and protections related to participation established in the following Bangor School Department Policies: *JFC-Code of Conduct, JFCI-Chemical Health, AC Non-Discrimination & Affirmative Action, JHF-Injurious Hazing, JICK-Bullying in Schools*; as well as athletic and extra-curricular eligibility requirements and the team-based expectations as communicated by the coach or advisor.

I/we have read and understand the policies, regulations, and guidelines that govern participation in the extra-curricular activities and understand that failure to comply with these expectations may lead to disciplinary action, including dismissal from the team or activity.

### **PLEASE PRINT**

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical restrictions known by parent: \_\_\_\_\_

Is student currently under a doctor's care or taking any medication? Y/N Explain: \_\_\_\_\_

### **NOTIFY IN CASE OF EMERGENCY:**

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

### **ATHLETICS ONLY**

**INSURANCE:** All students who participate in interscholastic athletic programs **MUST** have some form of Health Insurance to cover injuries. **This information must be filled in.**

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Parental Consent:** I hereby certify that the student named above may take part in interscholastic and extra-curricular activities for the \_\_\_\_\_ school year which may involve practice sessions, participation in events, and transportation to and from such events. I have read this contract and I am aware of the Bangor School Department Policies and agree to their terms.

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

**Student Agreement:** I have read and understand the Rules and Contract and agree to the terms.

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