



# Independence Charter Middle School

## Sports Acknowledgement Form

I (Player/Parent/Guardian) acknowledge being notified that the ICMS Sports Program encourages all students to participate in the various sports offered by the school, however, ICMS is committed to a competitive sports program, therefore, all those interested in participating will be required to tryout for any team. I also understand that there is no guarantee of playing time for any player on the team.

I (Player/Parent/Guardian) further acknowledge being notified that there are strict academic requirements associated with participation in the ICMS Sports Program. The grade requirement states that a "C" average must be maintained in all classes and is checked weekly on Thursdays. Those failing to maintain the aforementioned grade average will be warned and have one week in which to bring the grade(s) to the required level and will be considered to be on a probationary status. If after one week the average is still below the required level, the participant will be deemed ineligible to play and remain at that status until the grade(s) is brought to the required level.

I (Player/Parent/Guardian) finally acknowledge that I will exhibit good sportsmanship at all times when participating in or attending ICMS sporting events. I understand that my actions reflect on ICMS and I will endeavor to always be a positive role model. I also understand that if I have any issue(s) with a coach that I will wait 24 hours before contacting that individual to address the issue(s).

I understand that there is a \$20.00 fee that is due upon sign-up for each sport, in which a student participates and that fee is collected by the coach of the sport or can be turned in to the front office.

My signature below signifies that I have a clear understanding of the rules and requirements associated with participation in the ICMS Athletic Program.

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Player Name (Printed)

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Parent/Guardian Name (Printed)

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Player Signature

Date

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Parent/Guardian Signature

Date

Player Name (Printed): \_\_\_\_\_ Grade: \_\_\_\_\_

**Acknowledgment of Insurance Coverage or Waiver Verification**

I understand that Independence Charter Middle School of Oklahoma County, Oklahoma, is not responsible for any medical expenses that might result from injuries to my child while representing the school in athletic competition and practice sessions.

Please initial one of the following:

\_\_\_\_\_ I am purchasing student accident insurance for my child.

\_\_\_\_\_ I have adequate insurance coverage for my child for injuries that may result from participation in athletics while representing Independence Charter Middle School.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Emergency Treatment Authorization**

The purpose of this notice is to enable you to authorize the provision of emergency treatment for your child who may become ill or injured while under school authority, when you cannot be reached. When a principal or a teacher is unable to reach you in the event that your child is injured in an accident or becomes seriously ill, EMSA may be called and the cost directed to you. In the space below, please provide an emergency contact if you are unable to be reached during practice/game hours should your child become seriously ill or injured, thus requiring emergency medical treatment.

I have read and understand this notice and give my consent for EMSA to be called and emergency medical treatment to be given to my child if a medical emergency involving my child occurs while under school authority.

**Emergency Contact Name:** \_\_\_\_\_

**Relationship to Player:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**