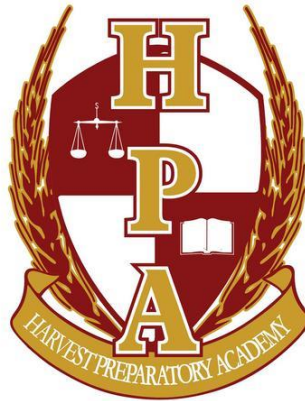




HARVEST PREPARATORY ATHLETICS



In order to get your HPA Athletic Clearance Card you must have all items completed and checked off the list below. The AD or AD assistant will verify all information and issue your Clearance Card. Without this card, you will not be allowed to participate, receive your uniform or equipment.

- HPA Athletic/Parent Expectations
- Player's Contract
- HPA Code of Conduct
- Waiver & release of Claims
- Permission Slip (for the current season)
- Walking Permission Slip
- Fundraiser Agreement
- Emergency Contact Form
- Sports Physical
- Complete Concussion & Hydration Training
- Pay Sports Fee

Sport:

**HS Girls Volleyball Season**

Student Name:

School Year:

**2023 - 2024**



# HPA ATHLETE/PARENT EXPECTATIONS

Harvest Preparatory Academy is the leader in HS sportsmanship in our league and we plan to continue every year. High school athletes are expected to maintain that honor; therefore, the following expectations are to and implemented by every HPA athlete.

**As a student athlete Harvest Preparatory Academy, I understand and will follow the expectations set forth by HPA athletics and the HPA handbook. I understand that not following these guidelines may result in suspension from game/meet and/or being released from the team.**

**I also understand HPA as the authority to take away my privilege of athletics during my time here for disrespectful behavior (both on and off the field) as well as failing to follow these expectations.**

## **General:**

If you are absent from school, you are not allowed to participate in practice/game for that day (unless it is an excused absence). This includes In-School-Suspension or Out-of-School-Suspension as well. If you are in OSS/ISS for homework referrals or missing Saturday school, you are expected to bring your homework with you to practice to work on. If you are in ISS/OSS because of other reasons, HPA has the right to suspend you from multiple games or even release you from the team.

## **Academic:**

Athletes must maintain a passing grade for each subject. The AD will check with the teachers on a weekly basis. An F grade means you are ineligible. If this occurs, you are still expected to attend practices and home games/meet but will not be able to participate in games/meets. You will work on homework during practice time. You will not be able to resume practice until the AD has checked your grades and you are back at a passing grade. Remember you are a STUDENT ATHLETE; your education comes before anything else!

## **Tardies & Absents:**

### **Absences:**

- Each athlete is allowed 1 excused absence for practice for the season
- 2<sup>nd</sup> unexcused absence = miss a game
- 3<sup>rd</sup> unexcused absences = dismissal from the team

### **Tardies:**

- Each athlete is allowed 2 unexcused tardies for practice for the season. A tardy is considered to be within the first 15 minutes of practice starting. (ex. If practice begins at 4:00pm, you are tardy if you are not there by 4:15pm). If you arrive a half hour late or later, it counted as an absence.
- 2<sup>nd</sup> unexcused tardy = miss game
- 3<sup>rd</sup> unexcused tardy = dismissal from the team



# HARVEST PREPARATORY ATHLETICS



## **Parent Expectation:**

The HPA team appreciates all the time the parents put into the students and their activities. As a responsible parent of an HPA athlete, you are asked to please bring and/or pick up your athlete to the events on time. It is expected for students to be on time to all events they will participate in. This is a way of teaching our athletes responsibility and discipline and prepare them for future employment. As parents, we ask you to express the importance to your athlete to do the following:

- Respect their coaches/referees and all authorities.
- Attend all their practices on time.
- Attend all dinner, trainings and lock-ins and all other functions.
- Provide a grade of C or higher, on each subject. (Most colleges do not accept lower than C)
- **Fundraise \$100 and pay the \$75 sports fee.**
  - *What does your sports fee cover?*
    - Bus Transportation
    - Field/Facility rentals
    - Game Day/Away Game Meals
    - Trainers/EMT/Security
    - Officials/ League Participation Fee
    - Site supervisor
- Uniform/Gear that is lost or damaged will be added to your athletes account and diploma will not be issued till paid.

**Write Ups (referrals/incidents/unsportsmanlike conduct):** If your athlete is written up for any reason, the consequences are (during the season/school year):

- First time = verbal warning
- 2<sup>nd</sup> time = miss first half of the next game
- 3<sup>rd</sup> time = miss the next game
- 4<sup>th</sup> time = dismissed from the team

3 strikes are allowed before HPA can take away all athletic privileges. For example, *if you missed 4 practices for soccer, the student will be released from the team (Strike 1). If you get OSS for a fight during basketball season and released from the team (Strike 2). If you miss 4 football practices and are released from the team (Strike 3).* These 3 strikes are for your entire career at HPA. If you get 2 strikes your freshman year and 1 your sophomore year, you have now lost your privilege for your junior and senior year here at HPA.

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Sport:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# PLAYER'S CONTRACT

**Grades**

- You are expected to maintain adequate grades (C or better in each class) to participate in sports.

**Discipline**

- You are expected to maintain appropriate behavior on school grounds and at all school-sponsored functions to participate in sports.
  - AD/Coaches will have consequences in place.
  - AD/Coach may choose to make you ineligible to play in a game based on your behavior

**Attendance (School)**

- You are required to be at school on the day of each game to be allowed to play in that game.
- You are required to be at school on the day following a game to remain eligible for following games.

**Attendance (Practice)**

- You are required to attend all practices. The coach will track your attendance and reasons for absence of practice. It is up to the discretion of your coach and the AD to waive the absence.
- Your coach may choose to make you ineligible to play in a game based on your attendance at practice. Playing time is not based on just skill alone but on attendance as well.

**Gear/Uniform**

- You are responsible for the gear/uniform that is issued to you.
- If your gear/uniform is lost or damaged, you will be held responsible for the repair/replacement cost of the equipment.
- Diploma will be delayed until replacement fee is paid.

**Fees & Forms**

Requirements: In order to receive equipment/uniforms, practice and play in any game you must turn in the completed Athletic Packet and get a clearance card from the Athletic Department:

- HPA Athletic/Parent Expectations
- Players Contracts
- HPA Code of Conduct
- HPA Agreement & release of Liability
- Waiver & Release of Claims
- Permission Slip (good for the current season)
- Walking Permission Slip
- Fundraiser Agreement
- Sports Physicals
- Complete Concussion Training
- Pay Sports Fee

**It is your responsibility to inform your head coach if you are not able to pay the fees or get a current**

**Physical**

→ **Multi-Sport/Dynamic Sport Involvement**

- As an HPA Student Athlete, you are now required to participate in multiple sports. Example: If you play a sport in the spring, you are required to join a sport in the Fall. I.e Football, Boys Soccer would have the option of joining wrestling, Basketball or cheer.
- The same sport played in the fall cannot be the same sport played in the spring.

**I understand my responsibilities.**

\_\_\_\_\_ **Student Name with Signature**

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

\_\_\_\_\_ **Parent Name with Signature**



## CODE OF CONDUCT

Please acknowledge your understanding and willingness to abide by the Code of Conduct by reading and signing this form.

I hereby pledge to have a positive attitude and be responsible for my participation by following the Code of Conduct:

1. I will have good sportsmanship and encourage fellow players to do the same.
2. I will respect my coaches, officials and parents at every game.
3. I will attend every practice and game that is reasonably possible and notify my coach if I cannot attend 24 hours in advance.
4. I will do my very best to listen and learn from my coaches. I will treat my coaches with respect regardless of race, sex, creed or abilities and will expect to be treated accordingly.
5. I will never use obscene language or gestures.
6. I will never be physically or verbally intimidating, abuse or assault the other players even from another team.
7. I deserve to play in an alcohol, tobacco, and drug free environment and I will conduct myself in a way that all of my teammates will have this opportunity as well.
8. I will do my best in school. I understand that my grades will be checked for eligibility. (70% or higher in all subjects).
9. I will remember that sports are an opportunity to learn and have fun.
10. I agree that I will respect other people's property, authority and laws governing my actions.

I understand and am willing to comply with the Code of Conduct set forth above. I understand that failure to do so will result in reprimands by my coach or the Board of Directors. Reprimands may include, but are not restricted to: written reprimand, suspension from play, or expulsion from the team.

I have read and fully understand the Code of Conduct and agree to abide by all the provision set forth above.

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Player Name & Signature

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Date

---

Parent Name & Signature



## WAIVER AND RELEASE OF CLAIMS

Child: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Event: High School Girls Volleyball Season  
Date of Event: August 1<sup>st</sup> - Nov 11<sup>th</sup>, 2023

I hereby give permission for my child, identified above, to attend and participate in the HS Girls Volleyball Season for ("HPA") and in exchange for HPA allowing my child to attend and participate in the season, I voluntarily agree to the following terms and conditions:

1. I am aware and understand that the transportation and attendance of HS Girls Volleyball Season may be dangerous and in the event of an injury or accident suffered during the transportation or season, my child(ren) may be subjected to the risk of death or personal injury. I understand that HPA has taken reasonable and appropriate measures to reduce the potential risk by inviting parent chaperones to attend the Event, but that such measures do not eliminate the risk or guarantee my child's safety during the season. I further understand that I am welcome to attend the event to provide additional supervision for my child(ren) if I so desire.
2. I agree that HPA, and its directors, officers, administrators, employees, agents, or assigns, shall not be responsible or liable for any injury or damages, loss, or expense to my child(ren) incurred during my child(ren)'s voluntary participation in the Event resulting from any negligence or omission on the part of any employee of HPA or any other person or persons.
3. On behalf of myself, my heirs and my assigns, I hereby agree to indemnify, defend, hold harmless, and release HPA, and its directors, officers, administrators, employees, agents, and assigns, from and against any and all liability they may have for any injury, damage, loss, or expense, to my child(ren) incurred during my child(ren)'s voluntary participation in the season, except where such liability results from the willful misconduct of HPA.
4. I understand and agree that my child(ren) will be required to obey all instructions and directions from any HPA employee and/or adult chaperone and that any failure on my child(ren)'s behalf to follow such instruction or directions may subject my child(ren) to a greater risk of injury and will be grounds for HPA to deny my child(ren) further participation in the season and/or to return my child to HPA's campus prior to the conclusion of the Event.
5. I further understand and agree that my child(ren) will be required to obey all applicable state and federal laws while traveling to or from and/or attending and participating in the season. Should my child(ren) be detained by law enforcement, for any reason, I understand and agree that it is my responsibility, as the parent and/or legal guardian, to contact the law enforcement agency responsible for such detention, to make arrangements for my child's release from detention, including, without limitation, posting any necessary bail and/or bond, and to arrange for my child(ren)'s transportation home if my child(ren) is not released in time to return home with HPA. I also understand and agree that if HPA determines, in its sole discretion, that my child(ren) poses a danger to himself/herself or others following his/her release from detention, HPA may refuse to transport my child(ren) home and in such case, as the parent and/or legal guardian, I will be responsible for transporting or arranging for my child(ren) to be transported home.



HARVEST PREPARATORY ATHLETICS



NOW, THEREFORE, in consideration of the permission given to allow my child(ren) to participate in the season, I do hereby agree to all of the above conditions and hereby release and forever discharge HPA, and its directors, officers, administrators, agents, employees, and/or assigns from any and all claims, damages, demands, actions, causes of actions, or suits of any kind or nature whatsoever for any and all injuries and damages, known and unknown, both to person and property, that may result now or in the future may develop as a result of my child(ren)'s participation in the season.

THE UNDERSIGNED HAS READ THIS DOCUMENT IN ITS ENTIRETY AND UNDERSTANDS THAT CERTAIN LEGAL RIGHTS ARE OR MAY BE FORFEITED BY VOLUNTARILY SIGNING THIS AGREEMENT BELOW.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_



# HARVEST PREPARATORY ATHLETICS



## STUDENT ACTIVITY PERMISSION FORM

You are giving your child permission to participate in the

**HS Girls Volleyball Season**

|                       |   |             |   |
|-----------------------|---|-------------|---|
| <i>Date</i>           | August 1st - Nov 11th, 2023   | <i>Time</i> | Mon-Fri: 2:40PM-5:00PM / Wed. 1:30PM – 5:00PM |
| <i>Location</i>       | Yuma Campus; locations may vary (locations may vary for practice and games)   |             |   |
| <i>Cost</i>           | \$75 – Mandatory Sports Fee before the 1st practice   |             |   |
| <i>Transportation</i> | Activity Bus Available  |             |   |
| <i>Notes</i>          | <p><b>Must have physical and Sports fee (\$75) before August 1<sup>st</sup>, 2023.</b></p> <p><b><u>Students will not be able to attend practice/games until it is completed.</u></b></p> <p><b>Athlete/Parent <b>must</b> download the BAND app on phone to communicate with coaches, teammates and Athletic Director outside of school.</b></p> |             |   |

|   |                               |                                   |                              |
|---|-------------------------------|-----------------------------------|------------------------------|
| I give permission for my child to participate in all  |                               | <b>HS Girls Volleyball Season</b> |                              |
| from  | August 1 <sup>st</sup> , 2023 | to                                | Nov. 11 <sup>th</sup> , 2023 |
| In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact: |                               |                                   |                              |
| <b>Name</b>   |                               |                                   | <b>Phone</b>                 |
| <b>Parent/Guardian Signature</b>  |                               |                                   | <b>Date</b>                  |





**HARVEST PREPARATORY ATHLETICS**



**AUTHORIZATION FOR USE OF PICTURES**

Harvest Preparatory Academy has my permission to use the name and/or pictures of my child,

**X** \_\_\_\_\_

for the following purposes:

1. Publicity for school marketing, activities or award recognition in Yuma, San Luis, and area media.
2. Inclusion in school yearbook and class pictures.
3. Inclusion in the Harvest Preparatory Academy newsletters.
4. Inclusion in social media platforms such as Facebook for school activities or recognition.

Parent/Guardian Signature

Date

**WALKING PERMISSION SLIP**

HPA will be taking walking field trips throughout the school year. In order for your child to participate, we will need the following permission slip signed and returned to the school office.

No verbal permission will be accepted and all children must be in school uniform.

My child, \_\_\_\_\_, has permission to participate in the walking field trips throughout the school year.

Please list three (3) emergency contacts and phone numbers.

Contact #1: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact #3: \_\_\_\_\_ Phone #: \_\_\_\_\_

My child takes medication at school:  Yes  No

If yes, please indicate the medication that is to be given: \_\_\_\_\_

Time medication is to be given: \_\_\_\_\_ am/pm Dose: \_\_\_\_\_

Parent/Guardian Signature

Date

Primary means of student transportation:  Bus \_\_\_\_\_  Parent Pickup  Walking  Bike



HARVEST PREPARATORY ATHLETICS



# FUNDRAISING AGREEMENT

I \_\_\_\_\_, agree to participate in all fundraisers and events that pertain to the sport **HS Girls Volleyball Season** that I am currently participating in.

Fundraisers where each individual earns an allotted amount to cover cost and fees for a specific reason or purpose, will not be applied to those who did not participate and it will be your responsibility to cover such cost out of pocket.

Harvest Preparatory does everything it can to keep cost to a minimum, and provide you with the best possible sporting experience. Successful fundraisers play a large part in making that happen.

I understand that it is my responsibility to inform the coach if I am unable to attend or participate.

**Name:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_



# EMERGENCY CONTACT INFORMATION

(Parent/Guardian Consent Form)

*Please Print*

Athlete's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Athlete's Address \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

Allergic to Any Medications \_\_\_\_\_

Wear Glasses/Contacts \_\_\_\_\_

Names/Phone Numbers of other responsible party if parents cannot be reached:

1. \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

2. \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Parents Preferred Hospital \_\_\_\_\_

In case of emergency, I give authorization for emergency care and transportation of my child.

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

Family Physician \_\_\_\_\_ Family Dentist \_\_\_\_\_

Name of Health Insurance \_\_\_\_\_

Please return with your packet.