



UDS Athletic Packet

Student Information

Name: _____ DOB: ____/____/____
Grade: _____
Address: _____

Cell Phone: _____
Allergies: _____
Medication(s): _____
Fathers Cell Phone: _____
Mother's Cell Phone: _____

Insurance

- ❖ Union Day Charter School requires that all students who participate in athletics be adequately covered by medical or accident insurance.

Name of Insurance Company: _____
Policy Number: _____
Group Number: _____
Insurance Phone for Authorization: _____
Policy Holder: _____

Participation Fee

- ❖ Union Day School Athletics Required UDS Athletics Participation Fee
- ❖ All students participating in UDS athletics will need to pay the minimum fee of \$225.00 per sport.
- ❖ Once a player makes a team, the fee must be paid before the first game.
- ❖ This fee covers sports equipment,, official fees, facility rentals and other costs

All payments will be through the Online School Payment portal [2022-23 Athletic Fees](#)

Uniforms

- Prior to issuance of their uniform, student-athletes will be required to provide a check payable to Union Day School in the amount of \$100, that will be held by the finance department and not deposited.

- Student-athletes will be held responsible for the return of their issued team uniform, clean and in good repair, within one week of the conclusion of the season.
- If student-athletes fail to return any piece of the uniform assigned to them by their coach/athletic director, the check will be deposited by the finance department to cover the cost of replacement.

Attendance

- ❖ All student-athletes must be in attendance for tryouts, practice and games.
- ❖ Students must be in attendance at school no later than 11:00am in order to participate in games that day.
- ❖ If a student-athlete cannot attend tryouts, practices or any games they must notify the head coach or athletic director as soon as possible.

Physical and Concussion Statement Form

- ❖ Student-athletes must have current physicals and concussion statement forms filled out BEFORE participating in practices and games. (No Exceptions)
- ❖ Permission is hereby granted to the Athletic Director, any present trainers at practice or games, and any other UDS staff or coach will proceed with ANY needed medical treatment, ambulance notification for the student named above. In the event of serious illness or injury, need of surgery or accidental occurrences I understand that an attempt will be made by the coaching or medical staff to contact me by phone. If unsuccessful, needed emergency treatment may be given as necessary for the best interest of the student and a copy of this permission form will be furnished to the doctor in charge. I also grant permission for the treating physician to release information to the athletic trainer and/or health related information needed to care for my child with physicians, coaches and any other healthcare providers, etc. throughout the school year.

Parent/Legal Guardian: _____
 Student Athlete: _____

Participation Requirements

Student Code of Responsibility

- ❖ As a student athlete, I understand and accept the following responsibilities: I will respect the rights and beliefs of others and will treat others with courtesy and consideration. I will be fully responsible for my own actions and the consequences of my actions. I will respect the property of others. I will respect and obey the rules of my school and laws of my community, state and country. I will show respect to those who are responsible for enforcing the rules of my school and laws of my community, state and country. I understand that a student whose character or conduct violates the school's Athletic Code or School Code of

Responsibility could be deemed ineligible for a period of time as determined by the head of school or school system Administration:

Student Athlete: _____

Date: _____

General Requirements

- ❖ **All general information and requirements of the UDS Athletic Department have been discussed and presented. We understand that additional questions or specific circumstances should be directed to the student's coach, athletics director or head of school.**

Risk of Injury

- ❖ **We acknowledge and understand that there is a chance of risk of injury that comes along with athletic participation. We understand that the student-athlete will be under the supervision of the athletic coach/athletic director.**
- ❖ **We agree to follow all rules and instructions that the coach and athletic director have presented to reduce the chances of injury to the student and other athletes. However, we acknowledge that sport related injuries can be common and severe and in some cases may result in permanent disability or even death. We knowingly and willfully accept and assume the risk of injury that may happen to occur when participating in athletics.**

Release

- ❖ **By allowing the above named student to participate in athletics, we agree to release and hold Union Day School and its athletic director and coaches from and against any and all claims, suits or causes of action arising from or out of any injury that the student-athlete may suffer from participation in athletics other than an injury from gross or willful negligence.**

Certification and Medical Authorization

- ❖ **Permission is hereby granted to the Athletic Director, any trainers that happen to be present or Coaching Staff at Union Day School to proceed with ANY needed medical treatment, ambulance notification, and/or x-ray for the student-athlete. In the event of serious or medical staff to contact the parent or legal guardian by phone. If unsuccessful, needed emergency treatment may be given as necessary for the best interest of the student-athlete.**

Release of Medical Information

- ❖ **Permission is granted for the athletic coach or any present athletic trainer/first responder to share and/or receive health related information needed by your child with other health care providers, coaches, etc. throughout the school year.**

We, the undersigned student and parent have read this document and understand all of the expectations of athletic participation:

Parent/Legal Guardian: _____

Date: _____

Signature Student Athlete: _____

Date: _____

FERPA (Family Education Rights and Privacy Act) Notification

According to the Federal Family Education Rights Privacy Act of 1974 (FERPA), directory information about students may be released by Union Day School without parental consent, provided annual notification has been given and the school does not have on file written denial to release information.

DIRECTORY INFORMATION CONSENT: *(Select one of the options below)*

This information will be made available to qualified agencies upon request. Qualified agencies include, but are not limited to law enforcement, public health agencies, and trained medical personnel. In addition, two federal laws require schools receiving federal funding to provide military recruiters, upon request with the following information:

Names, addresses, and telephone listings - Unless parents have advised UDS that they do not allow their student(s) information disclosed without prior, written consent.

_____, I allow UDS to release directory information on my child. I understand directory information includes, but is not limited to all of the examples listed above.

_____, I do NOT allow UDS to release directory information on my child. I understand that directory information includes, but is not limited to all of the examples listed above.

PHOTO RELEASE FORM: *(Please select Agree or Disagree below)*

During the school year, Union Day School or school representatives may film or photograph students. UDS will/may subsequently publish, broadcast or use these materials, which may include images and depictions of students, as well as student’s work. If you consent and grant permission for your child’s likeness or work to be used/featured by UDS, or the media, please check the appropriate space below.

I agree _____ OR I disagree _____ My child IS ALLOWED to be filmed and/or photographed for use by UDS. I also allow my child’s work product to be featured by UDS. This may include, but is not limited to UDS displays/presentations, and/or press releases.

YEARBOOK PHOTO CONSENT *(Please select Agree or Disagree below)*

I agree _____ OR I disagree _____ that my child’s image may be published in the UDS Annual Yearbook.

PRINT STUDENTS FULL NAME: _____

GRADE: _____ **TEACHER:** _____

PARENT/GUARDIAN(S) PRINTED NAME: _____

At any time throughout the year, parents may modify consent given to UDS. Contact the school to make updates. 2023-24