DEPARTMENT OF DEFENSE EDUCATION ACTIVITY PACIFIC
NILE C. KINNICK HIGH SCHOOL
PSC 473 BOX 95
FPO AP 96349-0095

ATHLETE/PARENT (GUARDIAN) RESPONSIBILITY ACKNOWLEDGEMENT

_____ _____ _____
Athlete's Name (PLEASE PRINT) Date SPORT

Prior to participating in any practice or tryout for any sport each athlete must:

1. Successfully pass a physical examination by a registered physician and a copy of the exam must be on file in the office of the school's athletic director. One physical examination per year is sufficient for all sports during SY15-16.
2. Sign and return to the coach the **Athletic Responsibility Acknowledge Form.**

To be completed prior to the first game:

3. Complete and return to the coach the **Kinnick Activities Policy.**

As a Nile C. Kinnick student-athlete participating voluntarily in interscholastic athletics, I pledge that:

1. I will abide by the DoDEA School District student code of conduct, the rules of our athletic handbook, the coach's team rules and the rules of Nile C. Kinnick High School.
2. I will conduct myself in an exemplary manner and model good character.
3. **I will be responsible for all athletic equipment issued to me, will return such equipment at the conclusion of the season, and I will pay the current replacement cost for any of the equipment not accounted for by me at the end of the season. _____(Parent Initial)**
4. I will not use, or be in possession of tobacco, alcohol or any illegal or inappropriate substance. If I use any of these substances, am in possession of such substances or am suspended from school for use or possession of these substances, I will be subject to disciplinary actions as outlined in district, school and athletic
5. I acknowledge that I have been properly advised and cautioned, by administrative and coaching personnel of Nile C. Kinnick High School that I am exposing myself to the risk, injury, including but not limited to sprains, fractures, ligament/cartilage damage, brain damage, paralysis or even death. Having been warned, it is still my desire to participate in sports and to do so with full knowledge and understanding of the risk of injury.
6. I, along with my parent/guardian, certify that I have read and understand all policies in the athletic handbook. I also understand that in order to be eligible for participation, I must comply with all requirements listed.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Parent Printed Name_____ Date _____