



Please attach a check for \$175.00
Payable to **Brighton School**

GENERAL INFORMATION

Student Name _____ Grade _____ Date _____

Falls Sports-
Volleyball _____
Soccer _____

Winter Sports-
Boys Basketball _____
Girls Basketball _____

Spring Sports-
Track _____
Tennis _____

TYPE OF TRANSPORTATION

____ Commercial Transportation X School Bus ____ Other (explain)

MEDICAL INFORMATION

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

The following medications, prescriptions or special diets are needed: _____

MEDICAL RELEASE

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school to secure emergency medical care as needed.

Medical insurance? ____yes ____no

Name of preferred Doctor _____ Phone _____
Name of Insurance Carrier _____ Policy No _____

This activity provides a learning experience for the students and allows them an opportunity to apply their athletic experience in a team situation. If you have questions or concerns about this activity, please contact **BRANDON LOBB**. Although I understand that the school will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury and/or death. I agree to release, hold harmless and indemnify Brighton School, Nobel Learning Communities, Inc., and any of their employees, agents, contractors, subsidiaries, officers or owners from all claims for injury of damage resulting from any cause, which arises out of participation in this field trip.

Signature of parent/legal guardian _____ Date _____

Print Name _____

Home Phone _____ Work # _____ Cell # _____

Parent Email _____
(Please Print Clearly)

DAVID LOCKE, PRINCIPAL

BRIGHTON SCHOOL

21705 58th Ave W ~ Mountlake Terrace, WA 98043 ~ Ph. 425/640-7067



PHILOSOPHY OF ATHLETICS

Brighton School believes that athletics are an integral part of the school's extracurricular program, as it provides experiences that assist young people in growing physically, mentally, and emotionally. Emphasis is placed on providing positive learning experiences throughout athletics. We believe that winning is an immediate objective in all athletic contests, but is not an end in itself; the desire to win should never outweigh the desire to be part of a team, experience challenges, and stretching one's personal growth.

INTERSCHOLASTIC ATHLETIC CODE OF CONDUCT

This section describes the rules that athletes must follow and parents should understand. Please keep this document for reference, and if there is a question about any rule, contact the Athletic Director for clarification.

1. Chemical Free Rules

- There will be no use or possession of any tobacco products.
- There will be no use or possession of any alcoholic beverages
- There will be no use or possession of any drugs (except as prescribed by a physician)

2. Participation

- You will be present at all team meetings.
- You will be at a minimum of one practice a week* in order to play in that week's game(s).
- You will be present at all games*.
- In order to play in a game, you must be on campus by 10am*.
- You will strive to do the best you can as a student in school by maintaining 70% in all subjects, should you fall below academic expectations, the athlete will be placed on academic probation until all Middle School teachers have acknowledged that the athlete has returned to the academic expectation.

3. Authorized Transportation

Team members must ride the bus provided for them, to and from practices and games. Parent(s)/Guardian(s) may transport their own children from an athletic event if the parent(s)/guardian(s) notifies the Athletic Director and coach personally. A student may be allowed to ride from an event with another team member's parent(s)/guardian(s) with proper documentation.

4. Responsibility for Equipment/Uniforms.

Equipment/Uniforms issued to each athlete must be properly cared for and not abused. It is the responsibility of the athlete to keep track of and store the gear in a secure location. All gear issued must be turned in within the first school week following the last scheduled game. All lost or unsatisfactorily returned equipment/uniforms must be paid for by the athlete at a rate of \$50. The athlete will not be permitted to participate in further sports activities until the above obligations are met.

*A valid excuse must be done in writing and approved by the coach or Athletic Director.

5. Language/Gestures

Profanity and inappropriate gestures are not tolerated at any time during practices, games, meetings, and/or travel to and from such events. In violation thereof, Brighton School will take whatever action is deemed appropriate.

6. Cell Phones

Cell phones will be permitted on bus rides to and from events for contacting parents to inform them of our arrival or departure times.

7. Sportsmanship

All athletes and team members will conduct themselves in a mature and sportsmanlike manner at all times, on and off the field/court, as representatives of the team, athletic program, and Brighton School.

PERMISSION TO PARTICIPATE

I have read the Philosophy of Athletics and Interscholastic Code of Conduct and understand it. I have discussed the program and importance of following the rules of my son/daughter and we agree to abide by them. I grant permission for my son/daughter to participate in the interscholastic athletics program of Brighton School.

Signature of Parent/Guardian: _____

Date: _____

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Brighton School
SOCCER
SAFETY GUIDELINES

(Prior to participating, both the student and parent must read carefully and sign)

When a person is involved in any athletic activity, an injury can occur. One should be aware the information presented in these safety guidelines is to inform the athlete of proper techniques and inherent dangers involved with soccer. There is a chance of broken bones, muscle and soft tissue and back injuries, which could lead to some form of paralysis. Not all potential injury possibilities in this sport are listed, but athletes should be aware that fundamentals, coaching and proper safety equipment are important to the safety and enjoyment of the sport.

1. Proper warm-up is essential before strenuous activity takes place. Be aware of the potentially serious injuries if you do not follow correct procedures in stretching and conditioning.
2. Wear shin guards at all times.
3. If you wear eyeglasses or contacts please make sure that your coach is informed.
4. Perform only those skills and techniques as instructed and/or supervised by your coach.
5. Be sure all equipment, especially cleats, are fitting properly before each day's activity.
6. Travel to and from off campus facilities and practice/competition sites must be in accordance with school procedures.
7. Remove all jewelry.
8. Notify the coach immediately if injured.
9. Practice only when your coach is present.
10. Must be on time: On the field/gym by 3:30.
11. No walking the halls or hanging in the bathrooms before practices/games.
12. Must have molded cleats

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STUDENT AGREEMENT

Since I wish to compete to the best of my athletic ability, I recognize and accept my responsibilities as a Brighton Student Athlete. I have read the Philosophy of Athletics and Interscholastic Code of Conduct and understand the requirements. I, hereby, agree to follow the Code. I also understand the importance of following the rules.

Signature of Athlete: _____

Printed Name of Athlete: _____

Date: _____

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Game Transportation

The Brighton Middle School Soccer Team will have “Home” competitions at the EVERGREEN FIELDS. The team will travel by school bus to all games, Please see the attached schedule for times and locations. The above information has been explained to me and I understand the list of rules, safety regulations/warnings and procedures. I also understand the necessity of using the proper techniques while participating in the soccer program.

STUDENT NAME (printed) _____

Date: _____ **Athlete's Signature:** _____

Date: _____ **Parent/Legal Guardian Signature:** _____

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