

Joaquín Moraga Jaguars
After School Sports Registration Form
Spring Ultimate Frisbee 2024

My child, _____, who is in the _____ grade has permission to participate in JMIS' After School Sports Program. I understand that there are certain risks and hazards involved in participating in sports including the possibility of varying degrees of physical injuries. I hereby release and hold harmless JMIS, its employees and associated personnel, including owners of the fields and facilities used for the program, against any claim, damages or costs on behalf of the participant's involvement in the After School Sports Program. I also give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my child.

Parent/Legal Guardian Signature

Date

Primary Phone (____) _____

Secondary Phone (____) _____

Email address _____

Medical Information

Doctor's Name: _____

Phone: _____

Dentist's Name: _____

Phone: _____

Insurance Carrier: _____

Policy#: _____

Medical Conditions/Allergies: _____

Alternate Local Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

Sport(s) Participating In:

Please Mark Appropriate Box(s)

Payment online:

Ultimate Frisbee (\$115.00) [Payment Link](#)

JOAQUIN MORAGA INTERMEDIATE SCHOOL PARENT CODE OF CONDUCT FORM

Responsibilities of the Parents:

1. Attend as many games as possible and to support their child and the school in athletic events
2. Transportation to and from practices and games.
3. To volunteer to help the team whenever necessary.
4. Help athletes care for their uniforms and return them in the same condition that they were received
5. Conduct at practices/games should be supportive and positive towards the athletes, coaches, referees and the opposing team.
6. Take time to speak with coaches in an appropriate manner; including proper time and place if there is a concern. Be sure to follow the process of bringing concerns first to: coach, then athletic director, site administration, district administration.
7. Paying a _____ non-refundable sports donation per sport for each athlete.
8. Assure that my child will attend all scheduled practices, games, special athletic events.
9. Encourage my child to set and work towards achieving individual and team goals.

I have read, understand, and agree to the above.

Parent's Signature

Date

JOAQUIN MORAGA INTERMEDIATE SCHOOL STUDENT CODE OF CONDUCT FORM

Responsibilities of the Student Athlete:

1. Accept the responsibility and privilege of representing the school and community.
2. Make a commitment to the team, understanding the time commitment required.
3. Cooperate with the coach and fellow athletes in trying to promote sportsmanship.
4. Bring a positive and respectful attitude towards all players and coaches during all team related activities.
5. Respect the judgment and strategy of the coach even if it conflicts with your athletic opinions.
6. Treat opponents with the respect that is due them as guests and fellow competitors.
7. Exercise self-control at all times including while in the classroom.
8. Earn a minimum grade point average of 2.0 and no unsatisfactory citizenship grades
9. Athletes are expected to attend all practices/games. The following attendance requirements will be enforced:
 - One (1) unexcused absence: Athlete will not start in the next game.
 - Two (2) unexcused absences: Athlete will not play in the next game but will be expected to attend the game, in uniform and sit on the bench.
 - Three (3) unexcused absences: Athlete will be removed from the team.** An excused absence is timely notification to the coach, before a practice or game.

I have read, understand, and agree to the above.

Student Athlete's Signature

Date