

# ROCK CREEK JR/SR HIGH SCHOOL

Activity and Athletic Regulations

Verification Form

**This form needs to be filled out by the parent and returned to Rock Creek.**

By filling out and signing this form, the parent verifies that he/she has read all policies and regulations of the Rock Creek Athletic/Activity Department, and will abide by such policies.

Student's Name (s): \_\_\_\_\_

Parent's Name \_\_\_\_\_ Date \_\_\_\_\_

**I have read, and understand, the information regarding:**

(please check each one)

- Eligibility policy
- Alcohol and drug policy
- Transportation issues
- Insurance information
- Guidelines for coaches and parents
- Sportsmanship guidelines

AND

- Will agree to read and abide by the regulations of each sport in which my child participates.
- Will have a current physical for my child turned in before the start of the season (fall season practices begin August 15<sup>th</sup>).
- Will also be responsible for information in the student handbook.
- Understand that my son/daughter is NOT covered by any medical insurance policies other than the catastrophic coverage provided by KSHSAA.

I give permission for my son/daughter to participate in athletics and activities at Rock Creek Jr/Sr High School.

*Scott Harshbarger*

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

\_\_\_\_\_  
Scott Harshbarger, Athletic/Activity Director