



Dear Hot Spots Parents/ Guardians,

Please review the **Concussion Information Sheet** available through HCPS at the link below and then complete and sign the **Athletic Participation Form**. Your signature on the Athletic Participation Form, presented by Harford County Public Schools, indicated your understanding of the signs, symptoms, and implication of concussions and gives permission for your child(ren) to participate in Hot Spots gross motor activities.

[https://www.hcps.org/departments/docs/curriculum/athletics/Athletic\\_Permit\\_Form.pdf](https://www.hcps.org/departments/docs/curriculum/athletics/Athletic_Permit_Form.pdf)

Please provide the signed form with your child file documents prior to your first day!

Thank you for your assistance in upholding our commitment to protect!

Parents of Multiple Hot Spots children may complete one form for all children.



HARFORD COUNTY PUBLIC SCHOOLS  
INTERSCHOLASTIC ATHLETICS

**ATHLETIC PARTICIPATION FORM**  
*Hol Sports Extended Care Programs*  
(Sport)

STUDENT NAME: \_\_\_\_\_ STUDENT ID NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ MD. ZIP \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

**TO THE PARENT OR GUARDIAN:**

It is the goal of the Harford County Public Schools Interscholastic Athletic Program to provide a safe and supportive environment for all students. We believe athletes need to develop skills that will teach good sportsmanship, self-discipline, and relationship skills. Toward that end, coaches, students, and parents should be aware of school, county and state policies and procedures that support these goals. Students who have elected to participate in the athletic program will be required to practice and participate in scheduled contests after regular school hours and possibly on non-school days. The supervision of practices, games and travel will be provided by HCPS and the school.

**1. General Guidelines for Participation**

- A. A physical examination by qualified medical personnel submitted on the HCPS physical form. This form may \_\_\_\_\_ be \_\_\_\_\_ found \_\_\_\_\_ at [http://www.hcps.org/departments/docs/curriculum/athletics/Athletic\\_Physical\\_Form.pdf](http://www.hcps.org/departments/docs/curriculum/athletics/Athletic_Physical_Form.pdf)  
This exam shall be valid from June 8 through the following June 7.
- B. Medical Insurance covering the sport in which the student wishes to participate.
- C. The athlete and the parent/guardian are financially responsible for any and all athletic equipment issued to the participant if not returned to the school.
- D. Students must meet all eligibility requirements as set forth in the MPSSAA Eligibility code 13A.06.03. <http://www.mpssaa.org/assets/publications/2008-09%20Handbook%20Website.pdf>

**2. Eligibility Requirements and Harford County Public School Policies**

- A. Academic Eligibility: All students must comply with the HCPS Board of Education Policy #02.0010, Students - Participation in Extracurricular Activity Policy. <http://www.hcps.org/BOE/PoliciesProcedures/boardpolicymanual.aspx> See 02 Students 0010
- B. Alcohol and Controlled Dangerous Substances: All students must abide by Board of Education Policy #02.0013 with regard to Student Possession, Use, or Transference of Controlled Dangerous Substances, Medicines, or Alcohol. Students in violation of this policy will be subject to disciplinary consequences. <http://www.hcps.org/BOE/PoliciesProcedures/boardpolicymanual.aspx> See 02 Students 0013
- C. All participants are subject to Board of Education Policy 02.0007 Discipline Policies. This policy includes student discipline pertaining to sexual harassment, threats, misconduct, and disruptive behavior. <http://www.hcps.org/BOE/PoliciesProcedures/boardpolicymanual.aspx> See 02 Students 0007
- D. All participants are subject to the high school rules, athletic rules, and team rules in each high school.

**3. Insurance**

Students must have health insurance coverage in effect on the first day of practice in order to participate in interscholastic athletics. If your student does not have health insurance, reasonably priced policies may be

purchased through an independent carrier provided by the school system. Information on the purchase of school health/accident insurance may be obtained at your school office.

**MY SIGNATURE VERIFIES THAT MY SON/DAUGHTER IS COVERED BY HEALTH INSURANCE.**

Health Insurance Company: \_\_\_\_\_ Policy or Group Number: \_\_\_\_\_

**MY SIGNATURE VERIFIES THAT I GIVE MY SON/DAUGHTER PERMISSION TO PARTICIPATE**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**4. Residency**

All participants in Interscholastic Athletics must abide by Board of Education Policies #20.0035, Assignment To Schools in Attendance Area and #02.0003, Admission Policy.

<http://www.hcps.org/BOE/PoliciesProcedures/boardpolicymanual.aspx>

See 20 Assignment To Schools in Attendance Area 0035

See 02 Admission Policy 0003

**MY SIGNATURE VERIFIES THAT:**

My child resides within the attendance area of: NA High School

My child attends: NA High School

Please note: Students attending a school outside of their residential attendance area may ONLY DO SO WITH SPECIAL PERMISSION of the Office of Student Services, or the Magnet Coordinator of Aberdeen High School, Edgewood High School, Harford Technical High School or North Harford High School. Any student in violation of the Board of Education Attendance Area policy is subject to loss of athletic eligibility for a determined period of time, ineligibility in a specific sport for the forthcoming year, or penalties as deemed justified in any specific case. Penalties may also be imposed on the violating athlete's team and school.

**5. Concussion Information**

SB771/HB858 requires that all parents and athletes be made aware of the dangers a concussion may have on an athlete. Harford County Public Schools is providing a concussion information sheet for both parents/guardians and athletes to review before participation may occur. This information is also available on the HCPS website.

**6. Athletic Activity Fee**

Once the student has made a team, the activity fee must be paid. The payment of the fee does not guarantee playing time. Athletic Activity fees are non-refundable.

**MY SIGNATURE VERIFIES THAT:**

1. I will provide a statement of my utility bill dated within thirty days of the sport season.
2. I will notify the school immediately if there is a change in my place of residence.
3. I have read all of the above statements, have received the Concussion Information Sheet, and hereby give my written consent.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: NA \_\_\_\_\_

Date: NA \_\_\_\_\_