

HCCPS Ultimate Frisbee Team 2016



Parents and Players,

Welcome to the 2016 HCCPS Ultimate Frisbee team! We are thrilled you are here to join us in making this season an exciting, challenging and fun experience for 5-8th graders! We will be having practices and home games at Look Park in Northampton. We will transport players there by bus however, you will need to pick up your student at Look Park. We have a car hanger for the entrance (\$20.00 for the season) or you can just state you are picking up your student. We will still count on parents to transport for away games.

Practices and games will be held on Tuesdays and Thursdays from 3:00pm-4:30pm. We will also be participating in a variety of games and invitationals-dates and times will be forthcoming. We rarely cancel, so please be prepared to dress for the weather. We will not practice if thunderstorms threaten. If we do cancel, we will contact parents by noon of the practice or game day via email. Our IMPORTANT orientation meeting for parents and players is Tuesday March 29, 2016 from 3:10-3:30.

Equipment Needed:

- Cleats/Sneakers
- Water bottle
- Appropriate athletic clothing
 - Loose fitting shorts or sweats (no jeans, tight shorts, or other long pants)
 - T-shirt (HCCPS uniform or team colors only for game day)

HCCPS Ultimate Frisbee Team Rules:

- Come to practice on time and dressed appropriately
- Every team member is expected to be dedicated, willing to push themselves physically and mentally
- Treat team members, other athletes, coaches, volunteers and yourself with respect, in accordance with the school's Community Compact

****Any inappropriate behavior will not be tolerated and the player may be asked to leave the team****

To participate on the team, students and parents must sign the attached agreement / permission form, medical authorization form and contribute an \$80.00 activity fee payable to HCCPS. Parents, please consider doing some of your volunteer hours at practices and games. Please return these forms to the Completed Frisbee folder located in the main office by **THURSDAY MARCH 31 at 5PM**. We are looking forward to a great season!

Yours in fun and Frisbee,

Sadie

sgraham@hilltowncharter.org

HCCPS Ultimate Frisbee Team Permission Form 2016

Orientation Meeting for Parents and Players Tuesday March 29, 2016 from 3:10-3:30.

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STUDENT: I, _____ (print name), have read the above Ultimate Frisbee Team Rules and agree to abide by them. If I do not comply with the rules, I may be suspended or asked to leave the team.

Signed: _____

Date: _____

PARENT: I give permission for my child, (please print) _____, to practice and compete on the ultimate frisbee team sponsored by Hilltown Cooperative Charter Public School. I also hereby commit to doing my best to get my child to each game and practice during the season. My child has no outstanding medical issues or chronic injuries that would prevent him/her from engaging in these activities or that would compromise individual health. I also understand that if my child does not abide by the rules of the Ultimate Frisbee Team, he or she may lose the opportunity to participate in this school activity.

Signed: _____

Date: _____

TURN OVER FOR MORE INFORMATION 

VOLUNTEER: Please circle the volunteer tasks you will be able to take on this season. ***Volunteering for Frisbee counts for normal HCCPS parent volunteer hours*

Help out at practice

Provide Snacks for Games

Drive to Games/tournaments

Organize Drivers

Other: _____

PLAYER'S T-SHIRT SIZE: Please circle one:

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Please return this form and the \$80.00 activity fee payable to HCCPS to the folder marked "Frisbee" in the Completed Forms Box in the office.

PERMISSION FORM AND PAYMENT IS DUE THURSDAY
MARCH 31 BY 5PM

TURN OVER FOR MORE INFORMATION 😊

Medical Authorization Form: HCCPS Ultimate Frisbee Team

Hilltown Cooperative Charter Public School - Easthampton, MA 01027

Purpose: To enable parents or guardians to authorize the provision of emergency treatment for their children who are injured or become ill at Ultimate events in the event the parents or guardians cannot be reached.

This acknowledges that we, the undersigned, parent(s) or legal guardian(s) of recognize the potentially hazardous nature of the sport of Ultimate and that an injury might be sustained. These injuries include but are not limited to an injury to my child and we (I or my spouse or guardian) cannot be contacted, we give permission to qualified and licensed physicians, paramedics, EMTs and/or other medical or hospital personnel to render such treatment.

We (I) release the Ultimate Players Association, its employees, its agents, its volunteers and its assigns from any personal injuries caused by or having any relation to this activity. We (I) understand that this release applies to any present or future injuries or illnesses and that it binds my heirs, executors and administrators.

This release form is completed and signed of my own free will and with full knowledge of its significance. I have read and understand all of its items: permanent disability, blindness, paralysis and death, in the event of such.

Student Name

Date of Birth

Address

Parent(s)/Guardian(s) Name(s)

Cell phone

Time available

Home phone

Time available

Work phone

Time available

Physician Name

Physician Phone

Physican Address

Significant medical history/limitations/allergies

My child uses an: inhaler Y N epi-pen Y N other _____

Family insurance : _____

Parent name : _____ **Signature** _____ **Date** _____