

This page and the following page must be completed, signed and returned to the Athletic Director, before the student is eligible for athletic competition.

## BULLDOGS ATHLETIC CONTRACT

**Student Athlete's Name:** \_\_\_\_\_

Signing this letter states that I, the parent/guardian of the above named student, and I, the student/athlete named above have received, read and understand the Hialeah Educational Academy Bulldog Athletics Handbook and do agree to be held to all the policies, rules and consequences as stated. I also understand the ACE philosophy. I understand that by participating in the athletic extra-curricular program, I grant the right to allow Hialeah Educational Academy to drug-test my child participating in extra-curricular activities. I also understand the fact that there might be a need for tryouts and cuts. It is the family's responsibility to update Hialeah Educational Academy of any change to the insurance information. I/We understand that all forms must be filled out in their entirety and turned in to the Athletic Director, before my child may participate with the team. The last day to turn this information in is the day before the first day of practice for each sport.

In case of emergency, I/we do authorize the Hialeah Educational Academy athletic staff and its volunteers to seek emergency medical care should the need arise. I/we hereby release and save harmless the school, its agents and its volunteers, from any and all liability that may occur during this athletic season.

X \_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
Parent or Guardian Printed Name

X \_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Student Athlete Printed Name

# Hialeah Educational Academy Athletics Program Agreements

We (I) give permission for my child \_\_\_\_\_ to participate in the

Hialeah Educational Academy interscholastic \_\_\_\_\_ team. We (I) assume all responsibility for any medical cost that may result from injury.

My primary medical insurance carrier name is: \_\_\_\_\_

Physician Information ~ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Day time parental contact number is: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*Parent (Guardian) Signature X* \_\_\_\_\_ Date: \_\_\_\_\_

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## **HOLD HARMLESS: RELEASE OF LIABILITY / ASSUMPTION OF RISK**

Participation in athletic activities and the use of athletic equipment and/or facilities involves a risk of accidental injury despite all safety precautions. We (I) assume all risk and hazards incidental to these activities, and release Hialeah Educational Academy, its officers, directors, independent contractors, volunteers and all employees, for any illness or injury to my child occurring during participation in any activity or use of any facility conducted by Hialeah Educational Academy.

*Parent (Guardian) Signature X* \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name:

Parent/Guardian: \_\_\_\_\_ Student: \_\_\_\_\_

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## **HEA Bulldog Athletics: Permission for Transportation**

We (I) hereby give permission for my child: \_\_\_\_\_ to travel by the schools designated transportation as part of the after school Interscholastic Athletic Program.

We (I) understand that it is my responsibility to pick up my child (children) at the Hialeah Educational Academy campus upon the athlete's return from competitions. Return times will be announced. If picking the athlete(s) up at the competition venue, the Athletic Director or Head Coach must be informed in advance. When taking the athlete from a competition venue, the parent must notify the Head Coach and accept full responsibility for their child from that point of the competition day/night.

*Parent (Guardian) Signature X* \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name:

Parent/Guardian: \_\_\_\_\_ Student: \_\_\_\_\_