



# CENTENNIAL REGIONAL HIGH SCHOOL

## Code of Ethics for Student-Athletes

Centennial firmly believes that there are responsibilities to be undertaken by any Student-Athlete who represents the school. CRHS also believes that a Student-Athlete is a student first and athlete second. In signing this contract, the Student-Athlete is agreeing to abide by the following conditions:

1. The Student-Athlete will accept and abide by all school rules and regulations;
2. The Student-Athlete will strive to maintain an academic record that reflects his/her ability;
3. The Student-Athlete will show respect for administrators, teachers. Coaches, officials, classmates, teammates and opposing athletes;
4. The Student-Athlete will demonstrate sportsmanship in victory or defeat, before, during and following competition;
5. The Student-Athlete will dress in a neat and clean manner according to the dress code stipulated by the school; and
6. The Student-Athlete will attend all functions related to his or her team.

Failure to abide by any one or more of the above conditions may result in the convening of the Disciplinary Committee and possible sanctioning of the Student-Athlete.



Membership to team authorized by

\_\_\_\_\_  
Vice-Principal's signature

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Parent/Guardian's Signature

# CENTENNIAL REGIONAL HIGH SCHOOL



## PARENTAL PERMISSION FORM

FOR STUDENT PARTICIPATION IN INTERSCHOLASTIC SPORTS

Athlete's Name: \_\_\_\_\_

Team:

Gender	Age Category	Sport
<input type="checkbox"/> Female	<input type="checkbox"/> Peewee <input type="checkbox"/> Bantam	Please indicate:
<input type="checkbox"/> Male	<input type="checkbox"/> Midget <input type="checkbox"/> Juvenile	

\_\_\_\_\_  
Date of Birth (Day/Month/Year)

\_\_\_\_\_  
Quebec Medicare Number

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Emergency Contact Number & Name

Please Check:

- The above mentioned student is found fit for this type of activity
- The student has a medical issue that the coach should be aware of:

**All fees are payable to Centennial Regional High School (by cheque, cash or on-line)**

- I understand that membership to this team:
  - will possibly result in classes being missed
  - will require Student-Athlete to catch up on any missed classed material
  - will require travelling to other schools and locations for competitions and on certain occasions, on taxis where no staff member will be on-board

I hereby grant permission to my son/daughter to participate in the above mentioned activity



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

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