

Utah Eagles

Utah Schools for the Deaf and the Blind Activity Disclosure and Registration

Dear Students and Parents:

This is an important checklist that you need to read and sign to acknowledge the various requirements for participation in the Utah Eagles program for athletics and extracurricular activities.

1. REQUIRED BEFORE TRYOUT:

- Tryout Checklist (read and sign)

2. REQUIRED BEFORE SECOND PRACTICE:

- Utah Eagles Registration (read and sign)
- Utah Eagles Activity Disclosure (read and sign)
- Physical Exam Form A (Form B if this is not your first season of the year)
- Participation fee of \$65 due to USDB business office

3. REQUIRED TO STAY ON THE TEAM:

- Communication with coaches regarding absences is vital. You must contact the coach ASAP to report and excuse absences.
- Students must choose to tryout with USDB or with their home school. A student may not tryout for both teams.
- Parental help with transportation may be necessary at times
- The Utah Eagle Booster Club needs your help! Parents are asked to volunteer with the Boosters. There are many ways to volunteer, please contact Cynthia Crawford at cynthiac@usdb.org for more info.

If you have any questions regarding forms or schedules, contact Jill Radford, at jillr@usdb.org



For more information about the Utah High School Athletics Association, visit www.uhsaa.org

Utah Eagles Activity Disclosure Form

Eligibility:

- Any Utah student in grades 9 – 12 who is deaf/hard of hearing, blind/visually impaired, or deafblind is eligible to tryout for Utah Eagles activities. Students must decide to participate with USDB or with their home school **BEFORE** tryouts.
- Students must maintain a minimum 2.0 GPA and no more than one failure in the previous grading period.
- Students must meet all UHSAA eligibility requirements (read and sign the Tryout Checklist)

Participation Requirements:

- All forms must be submitted on or before the second practice.
- Missing practices may result in not playing or dismissal from the team.
- Students must attend school on game days or they will not participate in that specific day's game.
- Students must show good sportsmanship. Poor sportsmanship may result in not playing or dismissal from the team.

Practice and Game Schedule:

- Scheduled practices are subject to change.
- See the practice calendar for a detailed schedule.

Transportation:

- Transportation will be provided to and from games from designated pickup points.
- Transportation to and from practices is the responsibility of the player and family.
- Parents or designees are responsible to provide transportation to and from the pickup site.

Cost of Participation:

- The USDB Utah Eagles charges a \$65 participation fee per sport or activity.
- All participants must participate in fundraising activities to support the remaining costs of overnight travel. Each student is responsible to secure the cost of travel.

I have received and understand USDB Utah Eagles Activity Disclosure Form, and agree to abide by all the requirements described.

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

Utah Eagles Permission Form

Student Name: _____

Parent Name: _____

Please initial each line, and sign below.

_____ I give permission for my son/daughter to participate in the USDB Utah Eagles program. My son/daughter may attend tryouts, clinics, practices, games, and tournaments associated with the program.

_____ I give permission for my son/daughter to participate in USDB transportation related to the Utah Eagles program. I will provide transportation to/from the designated pickup point or practice site for each event (tryout, clinic, practice, game, or tournament). I understand that if I fail to arrive at the pickup point the USDB staff will place my son/daughter in the custody of the County Sherriff. I understand that if this occurs twice in one season my son/daughter will no longer be eligible for USDB transportation.

_____ I give permission for my son/daughter to travel out of state or overnight to any USDB supported tournament or activity connected to participation with this team. I agree to provide additional permissions, forms, or documents as requested for out of state or overnight travel.

_____ I give permission for my son/daughter to have their picture and name published on the USDB website, yearbook, and any other publication (public or private) relating to the school and its athletics or extracurricular programs.

_____ I understand the possible risk of injury to my son/daughter while participating in school activities, and that I am responsible to maintain insurance coverage for my child for such situations. I further understand that if I do not have insurance for my child, I need to obtain such insurance coverage to cover my child while he/she is participating in any USDB Utah Eagles activity. If I do not, I will assume responsibility and costs for any mishap, accident, or injury which my son/daughter may be involved in. I also understand that if I do not obtain insurance for my child during the activity season, my son/daughter may be declined a position on the team.

_____ I understand that while being involved in USDB Utah Eagles activities, I must conduct myself in a manner that promotes good sportsmanship. If I am unable to promote good sportsmanship, I may be removed from a practice or game, or be dismissed from the team.

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

Utah Eagles Activity Registration Form

Student Information

Name _____ Date of Birth _____

Address _____

Home phone # _____ Cell phone _____

Email(s) _____

School _____ Grade _____

Parent Information

Name _____ Relationship _____

Home phone _____ Cell phone _____

Name _____ Relationship _____

Home phone _____ Cell phone _____

Other contact (for emergency)

Name _____ Relationship _____

Home phone _____ Cell phone _____ Permission to pickup/dropoff? _____

Name _____ Relationship _____

Home phone _____ Cell phone _____ Permission to pickup/dropoff? _____

Name _____ Relationship _____

Home phone _____ Cell phone _____ Permission to pickup/dropoff? _____

Name _____ Relationship _____

Home phone _____ Cell phone _____ Permission to pickup/dropoff? _____

Insurance

Health Care Provider _____ Policy or group Number _____

Hospital of choice _____ Primary Care Physician _____

I give my permission for licensed medical personnel to treat my child in case of an emergency.

Signature of Parent/Guardian _____ Date _____