ACADEMIC
1. If a student has three or more “F”s, he/she may not try out for an inter-school athletic team. If a student has two “F”s, he/she may participate in practices only. If, after approximately two weeks, the individual has any “F”s, or has not made any improvements, he/she MAY be dropped from the sport/activity.
2. At the start of each season and/or co-curricular activity, the coach/sponsor will provide a master list of participants to teachers in order to regularly evaluate students’ academic progress.

ATTENDANCE
1. All student participants should be in attendance a minimum of one half the school day (2 of 4 blocks or 4 or 8 class periods) in order to be eligible to participate in competitions on that day. A physician or dentist note may be required if the absence is due to illness.
2. Students with ten or more days of absence during a given semester may be ineligible to participate following the 10th day of absence. The students will remain ineligible through the end of the semester.
3. Students who are truant from school or “skip” a class the day of a contest/event will be ineligible to compete/participate that day. Students with excessive tardies to school may be ineligible to compete/participate in activities at the discretion of the building administration.

CITIZENSHIP AND BEHAVIOR
1. Student participants who are suspended from school are ineligible to attend practice or participate in competition/events on the dates of the suspension.
2. Student participants assigned “all day” to the Student Success Center (S.S.C) or to an after school detention will be ineligible to practice and/or compete on the dates(s) of their “all day” S.S.C or after school detention.
3. Cooperation with staff members and the positive representation of Hale Middle School is essential. Students may be removed from any level of co-curricular activities if they fail to exhibit acceptable behavior.

PARENT/STUDENT AGREEMENT
I give my permission for the below named student to represent Nathan Hale and to practice and participate in contests at the home school and accompany this team/group to other local schools. I authorize the school to obtain, through a physician of its choice, any emergency medical care that may be reasonably necessary for this student in the course of the activity or travel. I also agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the below named student in the course of such activity or travel.

Student Name: _____________________________________ (Please Print)
Parent/Guardian Signature ___________________________ Phone _______________ Date __________
Address _____________________________________________ City/State/Zip ______________________
Emergency Phone Number (Between 3:00 and 6:00 PM) __________________________________________
Student Signature ____________________________________ Phone _______________ Date __________
Home Address _________________________________________ City/State/Zip ______________________