

Holy Ground Baptist Academy

Athletic Department

Parents Code of Ethics

School Year _____

It is the duty of all concerned with the Holy Ground Baptist Academy Athletic Program to exemplify the highest ideals of sportsmanship, ethical conduct and fair play. Parents are to realize that an athletic contest is a game, the purpose of which is to promote the physical, social, and spiritual development of the individual athletes. It is expected that all parents will respect and abide by all the guidelines for the behavior described in the following code of ethics.

1. To embrace the highest ideals of sportsmanship, ethical conduct, and fair play.
2. To Show courtesy and respect to all visiting teams, officials, parents, and coaches at ALL times.
3. To thoroughly understand and uphold the rules of the game.
4. To refrain from entering the field or court, standing on the sidelines, or yelling instructions to the coach and/or players during games and practices.
5. To refrain from using language that degrades, baits, and intimidates others.
6. To treat the coach with respect and to discourage other fans, students, and parents from undercutting the coaches authority. Just because you think one way doesn't mean everyone else does. They may be happy with the job that the coach is doing.
7. To refrain from taunting or booing officials and/or and athletes during the game.
8. To respect the officials and their authority during and after the games.
9. To refrain from confronting officials and/or coaches at the game, field or on the school premises immediately before and/or after the game. Officials and coaches are protected by law and touching an official is a felony in Georgia.

Failure to follow the above guidelines will include the following disciplinary actions:

1. Verbal waring by Athletic director and/or Administration.
2. Parental game suspension.
3. Parental season suspension.
4. Removal or athlete from all sports and activities.

The school reserves the right to follow any level of disciplinary action depending on the severity of the infraction and in no certain order.

By signing this code of ethics you are stating you have read and understand the above items. You are also stating that you are aware of the consequences for failure to follow the above guidelines. This document must be signed before the athlete can participate in any athletic contest.

Parent Signature _____

Printed Name _____

Athlete's Name _____

Holy Ground Baptist Academy Parent Consent Form

We are pleased that your child has chosen to participate in our athletic program. Holy Ground Baptist Academy does not assume liability of injuries, as a result of participation in practice. The following consent form must be completed.

I, _____ the parent/guardian of _____ give consent for him/her to participate in any athletic activity sponsored by Holy Ground Baptist Academy during the _____ school year. I hereby release and discharge HGBA, its members, agents and employees of all liability arising out of participating in practice sessions prior to, or travel from contest sponsored by or participated in by HGBA.

The undersigned parent/guardian of the above referred to athlete does by execution here of agree to indemnify and hold harmless HGBA to any loss arising by the undersigned's failure to maintain in force and affect a hospitalization and medical policy upon the above athlete during the school year.

I certify and guarantee that there is maintained hospitalization and medical insurance as set forth below, covering the above referred athlete for any injury or harm which may result from his/her participation in, practice sessions prior to, or travel from contest sponsored by participated in by HGBA.

Name of Insurance Company: _____

Policy Number: _____

Duration of Policy: _____

Signature of Parent or Guardian

Signature of Athletic Director

Address of Parent or Guardian

Phone Number

Extra-Curricular Expectation Form

1. State requirements of eligibility and competitive extra-curricular activities;
 - a. Aspiring participants a minimum of five classes to semester prior to participation
2. All students involved in extra-curricular activities are under the jurisdiction of the HGBA discipline policy.
3. Participants will be subject to random drug testing.
4. The abuse of tobacco, alcohol, and illegal drugs will not be tolerated. Any violation of this policy will result in the following action. This will be treated as a level three offense and can face possible discipline tribunal, the result of which will be a mandatory enrollment in Holy Ground's Reformers Unanimous program or possible dismissal from all extra-curricular activities.
5. A student who quits a sport or is dismissed from a team after the first competition will not be allowed to participate in the following sports season until the previous sport season is completely over.
6. A student who is under suspension from school (ISS or OSS) may not participate during the period of suspension.
7. All participants must be prepared to observe the rules and regulations of the coaches, or sponsors of his/hers chosen activities.
8. All participants are required to return equipment and uniforms belonging to the school, or make financial restitution.
9. Participants are expected to represent the school in a respectable manner on all trips. Students will ride with the team to and from all contests. Exceptions may be made with the written consent of a parent or guardian on return trips.
10. All participants must maintain a clean hair cut and shave (off the collar, above the ears.)

Participant: _____ Date: _____

Parent/Guardian: _____ Date: _____

Athletic Director: _____ Date: _____

Principal: _____ Date: _____

Holy Ground Baptist Academy
Parent/Guardian Extra-Curricular Travel Form

I hereby give permission for my son/daughter,

_____ to go on any extra-curricular activity trip to ALL AWAY ATHLETIC EVENTS for the current school year.

Time leaving school: VARIES Time of return: VARIES

Means of transportation: SCHOOL BUS/ VANS

There is no cost for ATHLETIC TRANSPORTATION for the entire group.

I understand that the trip will be under the supervision of the team's coaches.

I hereby relieve HGBA and its employees of all responsibility beyond that of normal supervision.

Signature of Parent of Guardian

Date

Name of Student: _____

I hereby give my consent for the above named student to represent his/her school in the athletic activities except those indicated on this form by the examining physician provided that such athletic activities are approved by the state Board of Education or the

GAPPS. I also give my consent for the student to accompany the school team on any of its local or out of town trips. I understand that there inherent risk of injury associated with these athletic activities therefore I authorize the school to obtain through a physician of its own choice any emergency care that may become necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the above named student in the course of such athletic activities or such travel. I recognize that if I elect to have the above named student examined by the group of voluntary physicians, nurses and other allied health workers, that the examination can not be as comprehensive as that performed in a private physicians office and thus may not detect a potentially significant health condition which might be problematic in sports participation. I further release said volunteers (who work without compensation) from any liability if injury should occur.

Typed/Printed name of parent/guardian

Signature of Parent/ Guardian

Date

Address: _____

Telephone (Home): _____

Telephone (Work): _____

Forewarning

I/We give permission for _____ to participate in organized school activities, in such activity involves the potential for injury that is inherent in all sports. I/We acknowledge even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. Even on rare occasions these injuries can be so severe to result in total disability, paralysis or even death. I/We acknowledge that I/We have read this warning.

Parent or Guardian

Athlete

**Holy Ground Baptist Academy
Medical Release Form**

I, the undersigned parent/guardian of _____ grant the school administrators or any other teacher having supervision of this child the authority to obtain

medical treatment in emergency situations. I release from liability HGBA and school administrator or teacher exercising reasonable authority. I will be responsible for hospital or admission charges made during the exercise of this authority.

This _____ day of _____

Effective for the [redacted] school year

Parent/ Guardian: _____

Insurance Company: _____

Policy Number: _____

***Fill out both sections of this form/ one section remains at HGBA and one with the coaches.**

Holy Ground Baptist Academy Medical Release Form

I, the undersigned parent/guardian of _____ grant the school administrators or any other teacher having supervision of this child the authority to obtain medical treatment in emergency situations. I release from liability HGBA and school administrator or teacher exercising reasonable authority. I will be responsible for hospital or admission charges made during the exercise of this authority.

This _____ day of _____

Effective for the [redacted] school year

Parent/ Guardian: _____

Insurance Company: _____

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***Fill out both sections of this form/ one section remains at HGBA and one with the coaches.**



Holy Ground Baptist Academy

1355 North Hwy 27
Roopville GA 30170
Phone: 770-854-4659
Fax: 770-854-4652

Website: <http://www.hgstallions.org/>

Parental Agreement

School Year: _____

I have read the HGBA Handbook financial terms, and agreements, and have completed all of the enrollment forms. I understand and agree to all policies and procedures that Holy Ground Baptist Academy has set for my child and myself. I understand that by signing below that I also authorize HGBA to use any photos, videos, or any other images of my child(ren) for purposes such as billboards, newspaper articles, websites, or any other material it may publish to the public without compensation or further authorization.

Student's Signature _____ Grade _____

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Administrator's Signature _____ Date _____

“Training Spiritual Champions”

Holy Ground Baptist Academy
Athletic Department
Uniform/ Equipment Agreement
School Year _____

Athletes selected to participate on a sports team will be issued a uniform by the school. Uniforms should be taken care of and washed according to the direction on the label. Practice uniforms should be treated with the same care as a game uniform. All issued uniforms should be washed after each use according to the specifications on the label. The coaching staff may choose to wash the game uniforms themselves.

Please take note of the following items concerning uniforms and equipment:

1. Each individual player is responsible for his/her issued equipment/uniform.
2. Aside from normal wear and tear all equipment and uniforms should be returned at the conclusion of the season in the condition in which they were issued.
3. School issued uniforms are not to be worn at non- HGBA athletic events.
4. Any damage to an item needs to be reported to the head coach immediately. Damage caused outside of a game and/or practice will need to be paid by the student-athlete.
5. Replacing a game uniform will cost a minimum of \$75 (some sports are more expensive). If a single replacement uniform is no longer available for purchase, athlete will be responsible for replacements of entire team uniform.
6. Failure to turn in issued uniforms/equipment will prevent your child from playing the next scheduled sport. Also, all grades will be held and accounts unsettled until all fines are paid or issued equipment/uniforms are returned.

We want to be good stewards of what God has given us so let's all work together to take care of what we have.

By signing this form, I acknowledge that I have read the athletic uniform/equipment agreement and consent to abide by its procedures and regulations.

Parent's Name _____

Parent's Signature _____

Student-Athlete's name _____