



2024-2025 MARTIN LUTHER SCHOOL ATHLETICS ATTESTATION

NOTE: This form is required to be completed each Season. This must be SIGNED 30 DAYS OR LESS before practice/tryouts begin.

Being an interscholastic student-athlete for Martin Luther School is a privilege and one that carries great responsibility. It is vital for the safety and health of you, your teammates, coaches, family and our school community that you follow all of the following guidelines:

- Comply with MLS, PSAA, NYSPHSAA, NYSAIS, DOH, SED, NFHS, CDC health and safety rules and protocols as it pertains to high risk and contact activities as well as school/ facility/grounds/parks requirements.
- **STAY HOME IF YOU FEEL SICK-** If you had a fever or vomited within 24hrs preceding training or a contest, you may not attend and must notify your coach of your absence.
- Comply with COVID-19 guidelines; report if you test Positive for COVID-19 and/or are required to quarantine/isolate.
- Report any symptoms of illness or injury to the coaching staff as soon as they occur as it could be a sign of a more serious health issue.
- Review and have read Concussion and Sudden Cardiac Arrest materials and guidance.
- Demonstrate good sportsmanship.
- Maintain academic eligibility.
- If you are absent from school you may not practice or play in games.
- If you receive detention for lateness or discipline issues this must be served before attending practice or game.
- Abide by training rules and affirm it is the responsibility of the coach to determine strategy and player selection.
- Make a commitment to continually strive to contribute to the program.
- Stay informed of practice/game schedules and communicate any potential conflicts.
- Understand role in emergencies and response (Anyone Can Save a Life)
- Adhere to MLS Code of Conduct.

I (Print Name), _____ agree to comply with all of the above outlined behavior expectations. Failure to do so may result in suspension or dismissal from the team.

Student-Athlete Signature: _____ **Grade:** _____ **Date:** _____

Parent Name/Signature: _____ **Date:** _____

Season: ____ *Fall* ____ *Winter* ____ *Spring*