



2018-2019

Allatoona Junior Bucs Softball

Spring Tryout Dates- May 1st and 2nd (3rd if needed) 6:00-8:30 p.m.

Summer Tryout Date- June 13th (14th if needed) 6:00-8:30 p.m.

Summer Youth Camp June 12th -14th 8:30-11:30 a.m.

- Mandatory to attend ONE tryout day, but strongly recommended to attend more than one
- At least one parent must accompany player at tryout

Gold and Silver Rosters will be announced by June 14, 2018

allatoonabucs.com/fast-pitch-softball/

The following forms must be filled out, stapled together (in this order), and turned into Coach Pirkle NO LATER than May 1st:

- _____ AHS Softball Parent/Player Contract (page 2)
- _____ Financial Commitment/Player Expectations (page 3)
- _____ Verification of Residency (page 4)
- _____ Medical Release (page 5)
- _____ Permission to Photograph (page 6)
- _____ Copy of a current utility bill and drivers license

****Preseason mandatory meeting March 6, 2018 (one parent must be present)**

2018-2019 JR. BUCS PARENT/PLAYER CONTRACT

As a student-athlete of the Allatoona Jr. Bucs Softball program, I will adhere to the following guidelines for the entire calendar year (during the season and off-season).

1. If a player is at school, they are expected to attend practices/games on the same day. The player or parent is expected to communicate with the coaching staff, in advance, if they are unable to attend a practice/game.

2. Players are expected to arrive at practices and/or games at the designated times. Please help the program by following this policy. If you are having ride difficulties, then please plan/coordinate car pools.

NOTE: Missed practices/games or Tardies to practices/games will impact playing time.

3. The purpose of the Jr. Bucs program is to develop players. This may entail playing more than one position. Players and parents should be supportive of this learning process. An effort will be made to get playing time for all players. However, it is impossible for playing time to be equal for all involved.

4. Monitor your social media/cell phone activity. A good rule of thumb is to assume that the administration, your parents and the coaching staff are reading and viewing everything you post. If this would alter what you post, then you probably shouldn't post it, text it, Tweet it, Facebook it, etc. No cell phone use in the dugout or during team meals.

5. Players should remain inside the dugout/field of play during the entire game. Parents should not enter the dugout/warm-up areas at any time before/during/after the game unless they are part of the coaching staff.

I have read the above policy and agree to meet the requirements to participate in the Allatoona Jr. Bucs Softball Program.

Student-Athlete: _____ Date: _____

Parent/Guardian: _____ Date: _____

Financial Responsibilities:

By initialing below, you understand and agree to the following:

\$325.00 Player Fee plus \$150.00 Commitment Deposit

Fundraising opportunities include but are not limited to:

*Sign sponsorship: new or renewal

*Golf Tournament

*Bed Sheets

*Braves game tickets

Payment #1 **\$150.00** Commitment Deposit due**Date of Tryouts (5/1-5/2-6/13, 2018)**

(This deposit will not be cashed but will be returned upon completion of all player/Parent expectation duties or if player does not make the team)

Fundraising amount or Payment #2 **\$325.00** due.....**August 2nd, 2018 (Ice Cream Social)**

Player/Parent expectation duties include:

*2-3 Buc Bash/Red and Black Tournament Gate sign ups (*total may include metro tourney)

*Concession Volunteer 2-3 High School games

*Field Work Day (July 28th or August 4th).....initials_____

NOTE: Concession shift total will be based off of # of Tourney Gate shifts and participation in Field Work Day. If everyone does their part, the workload should not be too burdensome for anyone in any category.

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It's 100% free!

Available on the web: <https://allatoonahssoftball.teamapp.com>

Or download FREE for iPhone, iPad or Android here: <http://teamapp.com/app>

VERIFICATION OF RESIDENCY

I confirm that my child resides in the Allatoona Cluster OR one of my child's guardians is employed in the Allatoona Cluster. In order to confirm residency, I affirm that the following information below is accurate for participation in the Jr. Buccaneer Softball Program. This is required by the Cobb County Softball Metro Program guidelines/rules. NOTE: New rules/guidelines require proof of address using utility bill or equivalent and current driver's license.

Parent/Guardian (Print Name): _____

Street Address: _____

City: _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone #1: _____ Cell Phone #2 _____

E-mail #1: _____

E-mail #2: _____

Player Name: _____ Current School (Fall 2018) _____

Grade (Fall 2018) _____ Jersey Size: _____ T-shirt Size: _____

PARENTAL MEDICAL RELEASE

I will not hold Cobb County Board of Education, Allatoona High School, Allatoona Softball Coaching Staff, Allatoona Diamond Club, Jr. Buccaneer Softball Program, or Jr. Buccaneer Softball Coaching Staff responsible for any injury to my child. This is to certify that I have insurance to cover any injury that might occur during the use of Allatoona HS facilities (or local recreation parks facilities).

The law requires that parental permission be obtained for emergency operative procedures on minors. The following consent form should be signed by the parent so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed. I give permission to administer over the counter medication as well as such diagnostic, therapeutic, and operative procedures as may be deemed necessary.

Parent/Guardian (Print Name): _____ Date: _____

Parent/Guardian Signature: _____

Insurance Policy Company Name: _____

Name of Insured (Policy Holder): _____

Policy Number: _____

Please list any physical conditions and/or allergies that the Coaching Staff needs to be made aware of prior to participation in the Jr. Buccaneer Softball Program:

Please list any medications that the player is currently taking:



Empowering Dreams for the Future

PERMISSION TO DISPLAY STUDENT PHOTOGRAPH/NAME

I hereby grant permission to Cobb County School District (District) to use or publicly display my child's photograph, video image, or audio clip on the District's Web site(s), individual school Web pages, or in other official District publications without further notice. I acknowledge the District's right to crop, edit, or treat the photograph, video, or audio clip at its discretion.

I also understand that once my student's photograph, video image, or audio clip is published on a Web site, it can be downloaded by any computer user, on or off campus. I understand a student's name may be published along with the student's picture.

Therefore, I agree to indemnify, defend and hold harmless the members of the Cobb County Board of Education, the District, its officers, employees, agents, successors and assignees (the "Indemnified Parties") from and against any and all claims and liabilities resulting from this publishing.

Subject/Nature of Event: Allatoona Softball

Permission is granted for the use requested above.

NOTE: This form must be signed by student if the student is 18 years of age or older.

Name of Student _____ Signature of Student _____

Date of Student Signature _____

Name of Parent/
Guardian _____ Signature of Parent/
Guardian _____

Date of Parent/Guardian Signature(s) _____