

NOAH Code of Conduct Acknowledgement Form

Athlete:

- I acknowledge that I have read and agree to the terms of the:
 1. NOAH Jaguars Parent/ Athlete Handbook
 2. NOAH Code of Conduct for Athletes
- I affirm that I meet all the eligibility requirements stated therein.

Athlete Signature: _____ Date: _____

Athlete:

- We acknowledge that we have read and agree to the terms of the:
 1. NOAH Jaguars Parent/ Athlete Handbook
 2. NOAH Code of Conduct for Athletes
- We affirm that our student athlete meets all the eligibility requirements stated therein.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

NOAH Code of Conduct Acknowledgement Form

I _____ hereby authorize and consent to the use of my child's name, voice, photograph and likeness by Northeast Association of Homeschools ("NOAH") without reservation or limitation in connection with NOAH activities, without need for my further approval or consent, and without any compensation to me or obligation on the part of NOAH. As used herein, "photograph" shall include any photograph, photographic reproduction or facsimile, still or moving, or any videotape or live transmission, or any recordings thereof. Property rights to any photograph (as defined herein) pursuant to this authorization and consent shall vest in and remain with NOAH.

I have read and understand the above: _____



NOAH Athlete Information, Release and Medical Authorization

School Year: _____ New D Returning D Date of last athletic physical exam: _____

Athlete's Name: _____

Date of Birth: _____ Athletic Grade: _____

Home School ☐ Tutorial ☐ Name: _____ Parent's Names: _____

Address: _____ City: _____ State: _____ Zip: _____

Athlete's Home: () _____ Work: () _____ Cell: () _____

Parents' Home: () _____ Work: () _____ Cell: () _____

Athlete's Primary e-mail: _____

Parent's e-mail: _____

Questions of Good Standing:

☐ Has your son/daughter been expelled or dismissed from a private, public or homeschool program in the past 12 months?

No ☐ Yes ☐ If yes, please attach a letter of explanation. _____

☐ Are you current on all NOAH athletic fees?

Yes ☐ No ☐ If no, please attach a letter of explanation. _____

Emergency Medical Authorization and Agreement to Christian Dispute Resolution

Emergency contacts other than parent or guardian:

1. Name: _____ Hm phone: _____ Other phone: _____

2. Name: _____ Hm phone: _____ Other phone: _____

Permission: I give permission for my child to participate in this activity. I understand that there are risks associated with competitive sports. In the event he/she is injured, I _____ waive and release all rights to any claim for damages against NOAH and its representatives. I further agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a division of Peacemaker Ministries (complete text of the Rules is available at www.Peacemaker.net). Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

Medical Release: In the event my child suffers sudden illness, accident, or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

Family physician: _____ Phone: _____

Pertinent medical information (diabetes, allergies, medications, etc.):

Parent(s) Signature: _____ Date: _____