

Community Day Charter Public School Spartans

CDCPS Flag Football is about to begin again for it's 10th year. The league is open to boys and girls in the 5th thru eighth grades. Players are broken up equally onto four teams and play an 8-10 game schedule culminating in playoffs and an eventual Super Bowl Winner.

CDCPS Flag Football League

- Beginning Sept. 14th
- Mondays and Wednesdays thru November
- From 4 PM to 5:30 PM
- At the Marston St. Field

CDCPS Flag Football practices and games will be held on the Marston St. Field just down the street from Commonwealth motors. Players will be bussed to the field but **all players will be picked up at the Marston St. Field promptly at 5:30.**

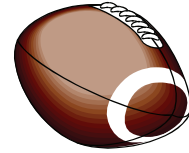
PLEASE SIGN-UP on the back and return to school ASAP.

- Jason Lahaye, Athletic Director
- 73 Prospect St.
- Lawrence, MA
- 01841

If you have any questions please contact Mr. Lahaye at school or by phone at 978-682-6796.



Community Day Spartans Intramural Flag Football Sign Up



Student Name _____ Grade _____

Please Read the following before signing:

Community Day Charter Public School student/athletes are held to a high standard. Students are required to meet a high academic standards while competing in after school sports. Teacher, coaches, and administration reserve the right to suspend or dismiss the player form the team for academic or behavior problems that arise at school, practice, or games. We at Community Day Charter Public School want the best athletically and educationally for our student/athletes. We believe a commitment to competition, teamwork, and sportsmanship will improve our students life in the future.

If you agree to the above conditions please sign below.

Student Signature _____

Parent Signature _____



Community Day Charter Public School Spartans



Jason Lahaye, Athletic Director
73 Prospect St.
Lawrence, MA
01841

Phone: 978-682-6796
Fax: 978-681-5838
Email: jlahaye@cdcps.org

CDCPS Athletic Department *Athletic Permission Form*

Name _____ Grade _____ Telephone _____
Address _____ Mobile Phone _____
Parent/Guardian's Name _____
Emergency Contact _____ Telephone _____ Mobile Phone _____
Family Doctor _____ Telephone _____
Family Medical Insurance _____ Policy No. _____
Allergies (if any) _____

I understand there is an inherent risk in playing sports and the range of injury can be minor to severe. It is further understood that in case of injury, the school is responsible only for first aid treatment. If my son/daughter does suffer an injury that you give permission to the school to seek medical attention. I also understand that all equipment issued is property of the Community Day Charter Public School and is to be returned within 24 hours of the season close or I will assume the current replacement cost. To my knowledge, my son/daughter have not been treated for any pre-existing medical condition that could be aggravated by participating in interscholastic athletics.

I/We also give permission for my/our child to be transported to and from any athletic event. I understand the department policy will be to provide transportation by school bus or van, but in the event a bus or van is not available, private transportation may need to be used. These vehicles will be driven by responsible adults (parents of athletes or coaches), and they cannot be held responsible for any accident or injury that might occur.

In addition, we acknowledge that Community Day Charter Public School does not always provide transportation to all games and therefore, I may be required to arrange for transportation. Not all CDCPS athlete events require transportation.

I/We are aware all athletes must meet all academic and behavioral requirements of CDCPS to remain in good standing on CDCPS teams. Any student that does not meet those requirements may be suspended from practices and games due to not meeting those requirements. In certain situations, dismissal from the team could result.

Finally, I am aware that the athletic fee for the Fall Flag Football season is \$30, Basketball fee is \$60, and Spring Sports fee is \$30.

I have read the above requirements and the information provided, understand and agree to their terms and will help my son/daughter to carry out his/her responsibilities as a CDCPS student/athlete.

_____ has my permission to participate in CDCPS Athletics for the 2009-2010 seasons.

Parent Signature _____