

# 8th Grade Softball 2009-2010

The purpose of our district's athletic program is to provide an educationally sound program that emphasizes participation, cooperation, good sportsmanship and teamwork as well as healthy competition for the middle school student. Our goal is to provide the student athlete with the opportunity to acquire basic skills, confidence, and knowledge of the game along with a sense of loyalty, team play and sportsmanship. We are looking forward to a great season and a lot of fun!

## **Coaches Information:**

My name is Howard Warshaw, and I will be coaching the Akimel A-al Rattlers 8<sup>th</sup> grade softball team. This is my ninth year coaching softball here at Akimel A-al. I am also a teacher in Physical Education Department. I am looking forward to the upcoming softball season.

**All paperwork is due on Friday, October 30th.**

## **Try-Outs and Practice dates and times:**

***You must try-out everyday.***

### **Try-out Dates:**

Monday, November 2

Tuesday, November 3

Wednesday, November 4 (final cut)

### **Try-outs Times:**

3:30 - 5:15 pm

**On Wednesdays, after school all players must go home and return for try-outs, practices and games.**

## **Criteria for Making the Team:**

Ability

Enthusiasm

Coach- ability

Effort

Leadership

Sportsmanship

Attitude

Behavior

Potential

## **Equipment necessary for try-outs and team participation:**

Athletic clothing, cleats, glove, bat, sunglasses and water.

## **Requirements to Participate:**

The following are required prior to a student practicing or trying out for a team:

1. **Current Physical** - Prior to participation, the student must be examined by a licensed physician and certified to be physically fit for sports every year.
2. **Athletic Participation Card** - This card contains the following information that must be completed:
  - \* Health history - to be completed by the parent each year a student participates and updated if a student's health status changes.
  - \* Statement of insurance coverage - signed by the parent stating that the student has health insurance coverage.
  - \* Emergency information - provides contact information and consent for emergency medical treatment
  - \* Signature - confirms parent's permission to participate
3. **Preseason Eligibility Sheet** - signed by each of the students' teachers.
  - \* Winter and Spring seasons only.
4. **Coaches Letter verification form signed by parent/guardian.**

## **Participation Fee:**

The District has established an athletic participation fee to help offset the cost of our after school athletic program. The fee for all cut sports is \$135 and for non-cut sports the fee is \$100. These fees can be designated as a tax credit donation. All fees are due on the first day of practice for cut sports and on the 4<sup>th</sup> day of practice for non-cut sports.

There are no refunds. Once a fee is paid, a refund cannot be given, even if the athlete gets hurt, the athlete quits or is suspended from the team, or the athlete becomes ineligible due to grades or behavior. As stated in the Kyrene Handbook, the coach will determine playing time based on attendance and participation at practice, effort, ability, attitude and sportsmanship. Every effort shall be made to maximize each participant's playing time.

Financial assistance is available. Scholarship applications are available in the school office or at the District Office and should be submitted before tryouts begin. Athletes may not begin practice until the scholarship is approved.

## **Academic Standard:**

All players must maintain grades of a C or better and have satisfactory behavior in every class. Grades and behavior will be checked weekly. Failing grades or poor behavior are grounds for suspension and possible dismissal from the team, per State law.

If you have any questions about the upcoming season, please feel free to call Akimel A-al at (480) 783-1600. We are looking forward to an excellent season!

# 8th Grade Softball 200 - 2010

## Coaches Letter Verification Form

I have read and understand the coach's letter.

Student Name (please print) \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant permission for my child's name and/or photograph to be taken during a Kyrene athletic event. These photographs may be used by the Kyrene School District for publicity purposes including Kyrene Athletic brochures, web page, sport game programs, District reports or news releases at the discretion of Kyrene School District Administration.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_