



**BURNABY CENTRAL ATHLETICS
HOME OF THE WILDCATS**



Student Athlete Code of Conduct

I, _____ (student name), understand that student-athletes are a reflection of themselves, their team, Burnaby Central Secondary School, and the city of Burnaby. My involvement in the 'Wildcats' Athletic Program provides me with opportunities and experiences that are important to my development as a well-rounded student. I also understand that my participation in school sports is a privilege, not a right. As a student-athlete I shall:

- Treat with respect: teammates, coaches, officials, opponents, event organizers, & spectators
- Exercise self-control at all times regarding my language, behavior, and statements before, during, and after the game
- Play fair within the rules & spirit of the game
- Accept the decisions of the officials
- Be generous in winning & graceful in losing
- Maintain my academic standings in all subjects **(Must have satisfactory work habit in all courses)** If academic standings are not being met, the student may be placed on academic-athletic probation. The privilege of playing athletics at Burnaby Central Secondary may be lost if work habits stay below a satisfactory level upon conclusion of probation period.
- If a class is missed during the day without an authorized excuse the student is NOT ALLOWED to practice or play in a school athletic activity
- It is expected a student will make a commitment to playing in games and practices for the entirety of a season. Leaving a team without the consent of the coach and athletic director may result in the loss of participating in future athletic programs.
- Adhere to Burnaby Central Secondary School's Code of Conduct when playing at school and away from Burnaby Central Secondary School

I, _____, understand and accept the given responsibilities.

Student-Athlete's Name (print)

Student-Athlete's signature

Date

Sport & Level



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Athletic Medical Consent Form

Dear Parent/Guardian:

_____ has been selected to participate on the _____

Team. Please complete this form and return it to the Team Coaches.

Special request and/or information pertaining to your son's/daughter's health:

British Columbia Care Card Number: _____

Birth Date: ____ / ____ / ____
 YEAR MONTH DAY

Doctor _____

Telephone _____

Dentist _____

Telephone _____

Parent/Guardian Address _____

Parent/Guardian Telephone _____

Emergency Contact Telephone _____

I hereby give my permission for _____ to participate in the above named school sponsored activity. I agree to the conditions listed on the Burnaby Central Athletic Information Form.

Parent/Guardian Signature _____

Date _____



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