

Galena R-II School District Activities

OFF-CAMPUS TRAINING RELEASE

For the most part, our practices for interscholastic athletics are confined to the facilities on the campus of Galena High/Middle School at 30925 State Highway 413, Galena MO. including the practice facilities at Abesville our Elementary Campus.

However, from time to time, coaches will have their teams train off campus. This training is done in order to break monotony and to introduce different terrain into our athlete's training regimen, or for other reasons deemed necessary by the coach. Most off-campus training will be done by our cross country squads, but please be aware that occasionally, our other coaches may have their teams do training off-campus.

In order to ensure that each athlete's parent/guardian is aware that he/she may be running off-campus, please complete the information below and return it to the coach of your student's respective sport.

_____ I give my permission for my son/daughter to run off-campus.

_____ I do not give permission for my son/daughter to run off-campus.

Athlete's Name _____ Sport _____

Parent/Legal Guardian's Signature _____ Date _____

**Galena High School Athletics
Pay Voucher**

Date: _____

Name: _____

Address: _____

Fee: _____

Miles: _____ @ \$.40 Per Mile Total Mileage: _____

Total to be Paid: _____

Please Circle One: Boys Basketball Girls Basketball Volleyball Jr. High Volleyball
Softball Baseball Jr. High Boys Basketball Jr. High Girls Basketball

Signature of Official: _____

Signature of Athletic Director: _____

**Galena High School Athletics
Pay Voucher**

Date: _____

Name: _____

Address: _____

Fee: _____

Miles: _____ @ \$.40 Per Mile Total Mileage: _____

Total to be Paid: _____

Please Circle One: Boys Basketball Girls Basketball Volleyball Jr. High Volleyball
Softball Baseball Jr. High Boys Basketball Jr. High Girls Basketball

Signature of Official: _____

Signature of Athletic Director: _____

Bookkeeper: _____

Clock: _____

Gate Keeper: _____

Galena R-II
Return to Play Form

Name of injured Athlete: _____ Grade: ____ Age: _____

Sport Participating in: _____ Position: _____

Details of Injury

Date of Injury: _____ Time: _____

Injured during (please check one) Practice Game Other: _____

Mechanism of injury: _____

To Be Completed By a Physician

Impression/Diagnosis: _____

Recommendations: _____

- No Restrictions (discharged) as of: _____
- No Practice or Play until: _____
- Expected Return to Activity (definite date upon further evaluation): _____
- Other: _____

Treatment Available at Galena

**Treatment Requires MD Signature Below*

Physician: _____ Signature: _____

Date: _____

NOTE: Student-Athletes will not be allowed to return to sports until this form or similar form has been signed by a physician and returned to the Galena High/Middle School Athletic Department.

Galena High School

Captain's Pledge:

I realize being selected to the position of team captain carries with it more responsibility than being just a team member; others in the school and greater community look up to me as a leader and role model. I will do my best to exemplify the qualities that the Administration, Athletic Department, Head Coach, and school community expect of me. I pledge to adhere to this code of conduct all year-round.

Code of Conduct

I pledge to:

- Follow the Athletic Training Rules by remaining chemical free (I will not use tobacco, alcohol, or illegal drugs).
 - Conduct myself in a manner consistent with the Spokane handbook and citizenship as outlined in the Athletic handbook.
 - Earn the respect of my teammates, the school community and the larger Spokane community.
 - Be a good citizen (I will demonstrate respect, loyalty, cooperation, trustworthiness, selflessness, honesty, compassion, and pride in my school and its positive reputation).
 - Demonstrate good school behavior (I will be punctual and abide by school rules).
 - Demonstrate positive academic qualities (I commit myself to good skills, dedication, commitment to the sport, good sportsmanship, hard work, teamwork, and communication skills).
 - Be willing to act as the liaison between teammates, coaches, director of athletics, and other appropriate school personnel.
-

PLEASE NOTE THIS IS A 12-MONTH COMMITMENT.

Failure to meet these expectations will result in the immediate removal of your captaincy.

Name of Captain: _____

Signature of Captain: _____

Signature of Parent: _____

Signature of Head Coach: _____

Signature of Athletic Director: _____