

Athlete's Name: \_\_\_\_\_ (Print) Sport: \_\_\_\_\_

***Augusta County Schools  
The Athlete's Pledge***

**Individual and team success in sports results from commitment. The extent to which young athletes are able to make such commitments reflects maturity as well as their dedication to family, friends, school and team. For these reasons, we ask you and your parents/guardian to read and agree to uphold this pledge.**

**As an Athlete in my school,**

1. I promise to understand that my future as a responsible adult relates more to my academics, than my athletic activities.
2. I promise to maintain my health and fitness level by following the training rules as prescribed by the Athletic Department. Furthermore, I will not use, possess, purchase or distribute alcohol, tobacco products and imitations, "look alike" tobacco products, or electronic cigarettes including vaping (with or without nicotine), or other illegal (controlled) substances at any time or place.

Violation of this covenant may result in the dismissal from the team and being prohibited from participation in any pre-season workout with another team during the same sports season.

3. I promise to be a worthy representative of my school, team and team mates. I will abide by school rules, athletic team rules and community expectations. I will reflect these team values through commitment, hard work, cooperation, positive interaction and mutual respect.
4. I promise to attend every practice unless excused by my coach.
5. I promise to demonstrate a high degree of sportsmanship and fair play.
6. I understand according to Augusta County School Board Policy Regulation 7.110

"Any student absent a half of day or more, unexcused, will be ineligible to participate in any school sponsored co/extracurricular activity that day"

**STUDENT ATHLETE:**

I \_\_\_\_\_, have read and understand the above statements and promise not to break them. Date: ( \_\_\_/\_\_\_/\_\_\_ )

**PARENT/GUARDIAN:**

I \_\_\_\_\_, have read, understand and support the above statements signed by my son/daughter and will help to uphold this pledge. Date: ( \_\_\_/\_\_\_/\_\_\_ )

**Augusta County Athletic Policy does not allow a student to try out or participate until this pledge has been signed by the student and Parent/Guardian.**