

Klein Cain Legacies

Constitution Agreement, Trip Consent & Medical Release Form

I have read the audition packet and the KISD Constitution and I understand what is expected of me and agree to represent my team and my school with pride and maturity and to always follow the guidelines set by KISD and my coach. Additionally, I agree to accept the consequences should I not follow these guidelines, including receiving demerits, working off demerits, probation and/or removal from the team. I understand that it is my responsibility to communicate with my parents regarding times, schedules and due dates which I know are all mandatory. I understand that I am expected to communicate with my coach regarding any absences, issues or concerns. I also agree to use the KISD approved Legacies Social Media sites appropriately and abide by the social media contract in the Constitution.

Student's Signature: _____

I have read the audition packet and the KISD Constitution and I understand the consequences should my Legacy not follow the guidelines outlined by the coach and the administration. I support the coach and Klein ISD to handle any infractions as they deem necessary. I also understand that failure to follow the rules and regulations will result in my daughter being given demerits, working off demerits, strikes, probation, being sent home at my expense from trips and/or removal from the team as appropriate for the offense. I also give my permission to my Legacy to travel as necessary with the KC Legacies. I understand it is my responsibility to provide transportation to and from games at the KISD stadium and to have my Legacy dropped off / picked up on time from all scheduled Legacy events. I understand that once my daughter is selected for the team, I am responsible for all the fees outlined in this packet regardless of how long she stays on the team. I also give permission for my Legacy to communicate information through the KISD approved Legacies Social Media sites.

Parent's Signature: _____

MEDICAL RELEASE INFORMATION

Legacy's Name:		
ID #:	Grade for 2024/2025:	Phone:
Current Address:		
City:	Zip Code:	
Mother's Name:		
Mother's Home:	Mother's Mobile:	Mother's Work:
Mother's Email:		
Father's Name:		
Father's Home:	Father's Mobile:	Father's Work:
Father's Email:		

MEDICAL INSURANCE INFORMATION

Insurance Co:	Policy #:
Physician:	Phone:
Health issues and/or current medication that director should be aware of:	

I GIVE PERMISSION FOR MY DAUGHTER TO BE GIVEN MEDICINE SUCH AS TYLENOL, ADVIL, MOTRIN, ALEVE, MIDOL, ETC FOR MINOR ACHES/PAINS. _____ PARENT'S INITIALS

