

**AHS Swim & Dive Athlete Contract
2018-19**

Name: _____

(please print clearly)

As a member of the Alpharetta Swim & Dive team, I agree to the following:

(INITIAL next to each item)

_____ I will adhere to the Fulton County and AHS Swim and Dive Code of Conduct.

_____ I will participate in all scheduled dryland and pool practices, arriving on time and performing to the best of my ability for the entire duration of practice. Club swimmers will attend all scheduled club practices and will submit an attendance form signed by their coach each month.

_____ I will attend all swim/dive meets and will perform to the best of my ability at each meet.

_____ If I am unable to attend a practice, meet or team function, I will provide advance notice in writing to the coaches.

_____ I will always exemplify good sportsmanship while representing AHS.

By signing this contract I understand that if I do not live up to the expectations stated, I will not receive a Varsity letter award and I could be removed from the team.

(Student Signature)

(Date)

(Parent Signature)

(Date)