



"One Team, One Mission"

**2009 Rockville Rams
Football**

Packet Contents:

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12/8/09)
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“One Team, One Mission”

May 14, 2009

Dear Parents, Guardians and Rockville Ram Football prospects,

I am very proud to be writing this letter as the new head coach of the Rockville Rams Football team. I am excited to be a part of this great community and I look forward to leading this team to a successful and rewarding 2009 season. This letter will talk about the program expectations starting with academic expectations, character expectations, summer workouts and conditioning, and the schedule of activities and events which will take us up to the 2009 football season.

Academics are the top priority for all our student-athletes. You must have a minimum of a 2.0 GPA and no more than one “E” in order to be eligible to participate in sports or extracurricular activities. All returning high school players (rising 10th through 12th graders) must bring a copy of their last report card of the school year to the head coach for verification of eligibility by the end of June. If you are not eligible you have the opportunity to take a class during summer school to raise your GPA but may only replace one “E” to help with eligibility. All rising 9th graders enter high school eligible but must follow all academic requirements once the school year begins (mandatory study halls are held Monday through Thursday for the entire football program and tutors are available as requested through the National Honor Society and the It’s Academic Team). We are encouraging our student-athletes to strive to carry at least a 3.0 GPA in order to help promote them to college recruiters as they progress through their high school playing days.

It is the Rockville Football programs belief that CHARACTER plays a critical role in each individual as well. We encourage our players to make good sound decisions and to recognize that the consequences for poor choices can prove to have them removed from the football program. Included in the packet you’ll find a copy of the student-athlete contract which clearly outlines policies that focus on a variety of issues, make certain to review this with your son/daughter and both should sign and return this contract in order to be considered for a position on the final roster.

The summer workout and conditioning program begins Monday June 22nd and will run through July 28th from 4-6 p.m. All dates and times are clearly outlined in the calendar that is included with this packet. The summer is a critical time for all players to prepare themselves the best they can for the upcoming season. This is also an opportunity for incoming 9th graders to become familiar with coaches and returning players and to some of the important elements of the Rockville Football program. When evaluations are done to prepare final rosters players who attend the summer workout and conditioning are better prepared to make the team so we encourage as much participation as possible. If a player is

away during the summer at a camp or another obligation please be certain to inform us so that we know they are still planning on participating upon returning.

Our Youth Football Camp will be July 6th through 10th this year from 8-1:00. Players will have the opportunity to earn money or Student Service Learning hours by working the camp and instructing youths rising into grades 3 through 8 on the basic fundamentals and skills of playing football. This will tie directly into our team camp at Albright College which will be held from July 30th through August 2nd. Space is limited to 60 players with priority given to upper classmen and those players who have been committed to the off season program.

Equipment distribution will be done on August 14th. Attendance at all practices is mandatory. If a player must miss a practice they must notify the Head Coach of either the Varsity or Junior Varsity team depending on which team they are on. If a player gets sick they may call the coach's office and leave a message with a call back number. Any player who misses more than 4 consecutive practices during two-days without making prior arrangements or contacting the coaches may be dismissed from the team.

In order to receive equipment players must have turned in all mandatory paperwork included in this packet prior to the first day of practice. We are highly recommending that the paperwork be completed and returned on or before August 10th. On August 10th we will be set up to collect any remaining paperwork that needs to be turned in by players. All paperwork should be turned in at one time in an envelope to Coach Bernot with the players name on it. A physical must be current and good through the season. Plan to have a physical in the spring or summer that will enable your player to participate in other sports throughout the school year. Physicals done the previous school year 2008-2009 for a winter or spring sport must be good through the entire football season or early December. Proof of physicals is kept on file with the school but in order to participate in football you must provide a copy of the physical. The RHS Booster club will be offering physicals to individuals who need them at a cost of \$25.00 at Rockville High School. Date and time yet to be determined but we will get this information out to you as soon as we find out.

With hard work, dedication and commitment, the 2009 Rockville Rams Football team promises an exciting and successful year. We are "One Team, One Mission" and that mission is to build Rockville Football into a perennial playoff team contending for, and winning, state championships.

Kevin Bernot

Coach Kevin Bernot
Coaches Office (301) 517-5584
Cell Phone (301) 370-7062
Kevin_P_Bernot@mcpsmd.org



Rams Football May 2009

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5 Workouts 2:30	6 Workouts 2:30	7 Workouts 2:30	8	9
10	11 Workouts 2:30	12 Workouts 2:30	13 Workouts 2:30	14 Workouts 2:30 <u>Parent/Player Meeting</u>	15	16
17	18 Workouts 2:30	19 Workouts 2:30	20 Workouts 2:30	21 Workouts 2:30	22	23
24	25 Memorial Day No School	26 Workouts 2:30 Varsity Passing League Game vs Northwood 4:00 @ Wheaton	27 Workouts 2:30 Passing League Practice 3:30	28 Workouts 2:30 Varsity Passing League Game vs Springbrook 5:00 @ Wheaton	29	30
31						



Rams Football June 2009

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 Workouts 2:30 Passing League Practice 3:30	2 Workouts 2:30 Passing League Practice 3:30	3	4 Workouts 2:30 Varsity Passing League Game vs Wheaton 5:00 @ Wheaton	5	6 Chesapeake Passing Tournament @ North County HS in Glen Burnie
7	8 Workouts 2:30 Passing League Practice 3:30	9 Workouts 2:30 Passing League Practice 3:30	10 FINAL EXAMS	11 FINAL EXAMS Varsity Passing League Game vs WJ 4:00 @ Wheaton	12 FINAL EXAMS	13 Chesapeake Passing Tournament @ Frederick HS
14	15 FINAL EXAMS Passing League Practice 2:00	16 FINAL EXAMS MAKEUP DAY Passing League Practice 2:00	17 RFC GOLF OUTING Northwest Golf Course	18 Varsity Passing League Game vs BCC 4:00 @ Wheaton	19	20
21	22 Summer Workout 4:00 – 6:00	23 Varsity Passing League Game vs Blake 4:00 @ Wheaton	24	25 Summer Workout 4:00 – 6:00	26	27
28	29 Summer Workout 4:00 – 6:00	30 Summer Workout 4:00 – 6:00				



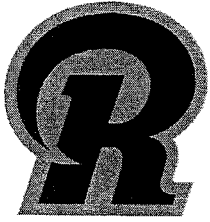
Rams Football July 2009

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2 Summer Workout 4:00 – 6:00	3	4
5	6 Youth Camp 8:00-1:00	7 Youth Camp 8:00-1:00	8 Youth Camp 8:00-1:00	9 Youth Camp 8:00-1:00	10 Youth Camp 8:00-1:00	11
12	13 Summer Workout 4:00 – 6:00	14 Summer Workout 4:00 – 6:00	15	16 Summer Workout 4:00 – 6:00	17	18
19	20 Summer Workout 4:00 – 6:00	21 Summer Workout 4:00 – 6:00	22	23 Summer Workout 4:00 – 6:00	24	25
26	27 Summer Workout 4:00 – 6:00	28 Summer Workout 4:00 – 6:00	29	30 LEAVE FOR ALBRIGHT CAMP	31 ALBRIGHT CAMP	



Rams Football August 2009

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 ALBRIGHT CAMP
2 RETURN FROM ALBRIGHT CAMP	3	4	5	6 Summer Workout 4:00 – 6:00	7	8
9	10 Summer Workout 4:00 – 6:00 COLLECT ALL FORMS	11 Summer Workout 4:00 – 6:00	12 RFC DINNER AND SILENT AUCTION	13 Summer Workout 4:00 – 6:00	14 EQUIPMENT HANDOUT	15 FIRST DAY OF 2-A- DAYS
16	17 2-A-DAY	18 2-A-DAY	19 2-A-DAY	20 2-A-DAY Fund Raiser Blitz	21 Varsity Scrimmage @ Einstein	22 2-A-DAY JV Scrimmage @ Sherwood
23	24 Teachers first day Practice	25 Practice	26 Practice	27 Practice	28 Scrimmage vs. Liberty @ Home	29 2-A-DAY
30	31 FIRST DAY OF SCHOOL Practice					



Rockville Rams
Player Info Sheet



Name (First and Last): _____

Grade level you will be in during 2009-2010: _____

Address: _____

Home Phone: _____

Player Cell #: _____

Parent or Guardians full names (those you live with):

_____ Cell #: _____

_____ Cell #: _____

Parent email: _____

Football experience (# of seasons): _____

Team(s) you played for: _____

Offensive Position you hope to play: _____

Defensive Position you hope to play: _____

Any Specialties? (Punter, xtra point, Long Snapper): _____

Rockville High School Parent Permission Form

Athletic Director's Office (301) 517-5530

Principal's Office - (301)517-8105

Dear Parents/Guardians:

This letter is written to inform you of our school policy concerning student participation in sports activities, either intramural or interscholastic, as it relates to insurance coverage and residency.

Each year the Board of Education makes available a Student Accident Policy at a nominal premium. Since accidents will inevitably occur despite our best efforts to maintain safety factors in all student activities, this insurance coverage is recommended for all students. For those participating in sports activities or interscholastic athletic programs, we *require* that this coverage be in effect unless the family deems that other insurance coverage (in force) will meet the needs of the student. A separate insurance information form is required for participation in football.

The Board of Education Student Accident Policy is available at the beginning and throughout the school year. The coverage may be obtained from the insurance carrier. Forms will be distributed at the beginning of the school year.

County and State regulations provide that each student participating in varsity or junior varsity competitive athletics submit a physical examination certificate to the coach in order to try out for a team or squad.

If you have any questions, please contact Mr. Paul Fahmer, Athletic Director, at 301-517-5530.

Sincerely,



Principal

PLEASE COMPLETE AND RETURN THIS FORM TO THE COACH OR SPONSOR

**STATEMENT OF ACCIDENT INSURANCE AND PERMISSION TO PARTICIPATE
IN INTERSCHOLASTIC OR INTRAMURAL ATHLETICS AT ROCKVILLE HIGH SCHOOL**

I give _____ permission to participate in interscholastic and/or intramural athletics at Rockville High School. He/She does _____ or does not _____ have school insurance.

If _____ does not have school insurance, I will assume responsibility for all medical expenses incurred as a result of any athletic injury.

_____ Student is covered by a policy (held by the family) which will pay expenses in the event of accident or injury and no claim will be made on the school.

_____ I / WE wish to obtain coverage for the balance of the year by applying for the Board of Education policy.

Signature of Parent or Legal Guardian

Date

ROCKVILLE HIGH SCHOOL ATHLETICS

STUDENT ELIGIBILITY REQUIREMENTS AND TEAM STANDARDS

Sport: _____ Coach: _____

Printed Name of Athlete: _____ Year: _____

Philosophy

The Rockville High School Athletic Program strives to develop a well-rounded student athlete. We view athletics as an extension of the classroom where life-lessons are learned. Sportsmanship, scholarship, and physical development are promoted and developed through a wide variety of levels and types of interscholastic sports.

Student Eligibility

1. All students who are candidates for participation in interscholastic athletics are required to have an annual medical evaluation. Athletes must submit proof of a valid medical evaluation, transportation form, medical card, team standards form, and parent/guardian permission form before being allowed to participate in practices or contests.
2. A student who has a failing grade in more than one subject, and/or a grade point average of less than 2.0 at the end of a marking period shall automatically be ineligible to participate in athletic contests and practices during the next marking period. A student becomes ineligible the day a report card is issued and remains ineligible until the next report card is issued.
3. A student who is ineligible for any reason may not try out, practice, or play during the period of ineligibility.
4. Unexcused absences or chronic tardiness to class or team practice may be sufficient reason for declaring a student ineligible at any time. The coach, in consultation with the athletic director, will determine the date and term of ineligibility.
5. Athletes must be in all of their scheduled classes in order to participate in any athletic practice or contest. However, the principal or principal's designee may excuse an athlete for prescheduled activities such as a driver's test, medical appointment, court appearance, or unforeseen emergency. A student who has any absence other than those specified may not practice or compete on that day. Field trips are part of the school program and are not considered unexcused absences.
6. If a student has violated the regulation in rule 5 above or has an unexcused absence, s/he may not compete in the next contest after the violation has been verified.
7. Students who are 19 years or older as of August 31 are ineligible to participate in interscholastic activities for the school year ahead.
8. Athletes who are enrolled in a physical education class must actively participate in class on the day of a practice or a contest.
9. Students may not participate in more than one interscholastic sport in one season.
10. A student who participates in both varsity and junior varsity teams may not play in a number of games that exceed the maximum number allowed for a varsity team in a week or a season. A student may not compete on both varsity and junior varsity teams on the same day.

Team Standards

1. Maintain academic standing and scholastic eligibility according to MCPS policies
2. Display behavior that will add to the good name of the Rockville HS Athletic Department
3. Attend all practices, meetings, and games unless ill or given prior permission to be absent by the coach and/or athletic director
4. Maintain good school and community relationships
5. Comply with all school rules and policies
6. Display good sportsmanship at all times
7. Do not allow outside club sport activities to interfere with school team practices or contests

Criteria for earning a varsity letter/award

1. An athlete must satisfactorily meet the team's participation criteria to receive an award.

Alcohol/Tobacco/Controlled Substances Policy

The use of alcohol, tobacco, illegal drugs and controlled substances including steroids is an extremely serious health issue. Such use places the quality of life for the student athlete in jeopardy. Also at issue is the interdependency of team members and coaches that requires that all student athletes be mentally and physically prepared to give their best efforts. If the student athlete is using alcohol, tobacco or drugs not prescribed by a physician, s/he is placing herself/himself at risk. With this in mind, the following guidelines will be enforced in the event of student use, distribution, or possession of these illegal substances. The rules below pertain to the student on school grounds and at all school sanctioned events.

If the use, distribution or possession of tobacco products by a student athlete is verified, the athlete will receive a minimum ten consecutive school day suspension from all athletic activities. Upon verification of a second violation, s/he will be suspended for the remainder of the season or two months, whichever is longer.

If the illegal use, distribution, or possession of alcohol or drugs is verified, s/he will be suspended for the remainder of the season or two months, whichever is longer. Upon verification of a second violation, s/he will be suspended from all athletic activities for one calendar year.

Residency

Please respond to the following residency statements:

- | | | | | | |
|----|---|----------------|------------|----------|----|
| 1. | I reside at: _____ | Street Address | City/State | Zip Code | |
| 2. | I reside at this residence with a parent or guardian. | | | Yes | No |
| 3. | I am a legally registered student at Rockville HS. | | | Yes | No |
| 4. | My current address is different than last year's. | | | Yes | No |
| 5. | I have played for a team at a different MCPS high school. | | | Yes | No |
| 6. | I agree to notify the coach/school of any changes in my residence status. | | | Yes | No |

Your signature below indicates that you have read and understand all parts of this contract and that you have responded accurately. Failure to comply with the above guidelines will result in the athlete's suspension or dismissal from the team upon agreement with the coaching staff, school principal, and athletic director.

Signature of Student

Date

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

HEALTH INVENTORY

To Parents or Guardians:

In order for your child to enter a Maryland public school for the first time, the following are **required**:

- A physical examination by a physician or certified nurse practitioner must be completed no more than nine months before or six months after enrollment. A physical examination form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene must be used to meet this requirement.
- Evidence of immunizations against common childhood communicable diseases is required for all students in nursery through the twelfth grade. A Maryland Immunization Certification form for newly enrolling students may be obtained from the local Department of Health and Human Services or from school personnel. The form and the required immunizations must be completed before a child may attend school. (Form DHMH 896)

Exemptions from a physical examination and immunizations are permitted if they are contrary to a student's religious beliefs. Students may also be exempted from immunization requirements if a physician certifies that there is a medical contraindication.

The health information on this form will be available only to those health and education personnel who have a legitimate educational interest in your child.

In order to assist your child in gaining the most from his/her educational experience, please complete Part I of this Health Inventory form. Part II must be completed by a physician or nurse practitioner, or attach a copy of your child's physical examination to this form. If your child requires medication to be administered in school, you must have the physician complete the medication administration form. This form can be obtained from your child's school. If you do not have access to a physician or nurse practitioner or if your child requires a special individualized health procedure, please contact the principal and/or nurse in your child's school.

Please complete this Health Inventory form and return it to your child's school as quickly as possible.

Students enrolled in grades 9-12 must have an annual medical evaluation by a physician or nurse practitioner in order to participate in interscholastic athletics.

A letter from a physician or nurse practitioner giving an athlete permission to participate in interscholastic athletics is required when he/she has experienced a significant injury, illness, or surgery since the last medical evaluation.

Complete Part 3 prior to seeing the physician or nurse practitioner if your child will be participating in interscholastic athletics.

FORGERY on any part of this form is a violation of Maryland Public Secondary Schools Athletic Association (MPSSAA) Regulations and will result in the student being declared ineligible for the season and forfeiture of any contest(s) he/she competed in while having a forged medical examination.

PART 1 HEALTH ASSESSMENT
- To be completed by parent/guardian -

Parent Name (Last, First Middle) _____ Birth Date _____ School Name _____ Grade _____

Address (Street, City, State, Zip) _____ Phone Number _____

Parent/Guardian (Male) _____ Parent/Guardian (Female) _____

Physician/Nurse Practitioner Name and Address _____

Dentist Name and Address _____

Other source(s) from which the student receives health care. (If none, write "None.") _____

ASSESSMENT OF STUDENT HEALTH

To the best of your knowledge, does your child have any problems that may affect his/her learning in school, cause any concern and/or be important for school staff to know? Please check (✓) "Yes," or "No" for each of the following:

	Yes	No	Comments
Allergies (Drugs, Food, Insects)			describe reaction:
Asthma			
Behavior or Emotional Problem			
Birth Defects			
Bladder Problem			
Bleeding Problems			
Ear Problems			
Cerebral Palsy			
Concussion (Head Injury)			
Diabetes			
Ear Problem or Deafness			
Eye or Vision Problems			
Heart Problems			
Hospitalization (When, Where)			
Lead Poisoning			
Limits on Activity			
Medication			
Meningitis			
Prematurity			
Seizures			
Sickle Cell Disease			
Speech Problem			
Surgery			

If you would like to discuss your child's health with school or school health personnel, please check title:
 Nurse assigned to school Teacher Counselor Principal

I give my permission for confidential and discreet use of Part 2, the health evaluation completed by the physician/nurse practitioner, to discuss my child's health and educational needs in school. (Check (✓) one) Yes No

 Signature, Parent/Guardian _____
 Date

IMPORTANT: Schedule an appointment for a medical examination of your child; share the above information with the physician or nurse practitioner, have him/her complete Part 2 after the examination and then return the form to the school.

PART 2 HEALTH EVALUATION
 - To be completed by physician/nurse practitioner -

1. Does this child have a health condition(s) which may require EMERGENCY ACTION while he/she is at school (e.g., seizures, asthma, insect sting allergy, bleeding problem, diabetes, heart problem)? If "Yes", please describe.

No Yes _____

2. Is this child on long-term technology assistance? No Yes _____

3. Is there any evidence for concern in the areas listed below? Indicate the results of your examination by placing a check (✓) in the appropriate box.

CONCERN

Health Area	Yes	No	Not Evaluated	Health Area	Yes	No	Not Evaluated
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical/Illness/Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunodeficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Deficit/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Poisoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain all yes answers. Include recommendations for referral and treatment.

4. Immunizations given on this visit: DPT/Td # _____; Polio #; MMR # _____; Other _____

Tuberculin Test: Results _____ / _____ / _____

Positive Negative Type Date (most recent) Height Weight Blood Pressure Pulse Rate Date Taken

6. Is the student on long-term medication? If yes, please describe.

No Yes _____

(MCPS Form 525-13: Authorization to Administer Prescribed Medication must be completed for in-school administration.)

7. Should there be any restriction of physical activity in school? If yes, specify nature and duration of restriction.

No Yes _____

8. Medical evaluation of students for participation in interscholastic athletics. May this student participate in the supervised activities listed below that are **NOT CROSSED OUT**?

No Yes Not Applicable

Baseball	Football	Pompons	Track/Field
Basketball	Golf	Soccer	Volleyball
Cheerleading	Gymnastics	Softball	Wrestling (minimum weight)
Cross Country	Indoor Track	Swimming/Diving	Other (specify) _____
Field Hockey	Lacrosse	Tennis	_____

If you would like to discuss this student's health with school or school health personnel, check title below:

Nurse assigned to school Teacher Counselor Principal

Student Name (Type/print) _____ has had a complete history and physical examination at our office and has no evident health problem except as noted above.

 Physician/Nurse Practitioner Name (Print) () Phone Number Original Signature, Physician/Nurse Practitioner Date

Interscholastic High School Athletics
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

MEDICAL CARD
FOR ATHLETE

INSTRUCTIONS: This card should be kept on file in the medical kit for each sport. It should accompany the athlete to the doctor or hospital when medical attention is required.

School Name _____ Jersey Number _____

Student Name _____

Birth Date ____/____/____ Home # ____-____-____

Home Address _____

Parent/Guardian Name _____ Work # ____-____-____ Cell # ____-____-____

Parent/Guardian Name _____ Work # ____-____-____ Cell # ____-____-____

Family Physician _____ Physician # ____-____-____

Hospital Preference _____ Date of Last Tetanus Shot ____/____/____

Allergies _____

Medicine Administered on the Field _____

MCPS Form 560-30, Rev. 8/04

(OVER)

MEDICAL CARD FOR ATHLETE

Insurance Information:

Does your son/daughter have medical insurance? Yes No

If Yes, name of insurance company:

RELEASE FOR TREATMENT:

I hereby give permission to the attending physician or hospital to administer appropriate medical treatment in the event I cannot be reached.

_____/_____/_____
Signature, Parent/Guardian Date

This card must be kept on file in the medical kit for each sport and should be available at all practices and contests. It must accompany the athlete to the doctor or hospital when medical attention is required.

PART I: To Be Completed by Student

Student Name _____ Date ____/____/____
Last First MI

Date(s) to be excused from classes: ____/____/____, ____/____/____, ____/____/____ From ____:____ To ____:____
a.m./p.m. a.m./p.m.

Reason (describe activity) _____

For transportation in connection with this activity I will: (check one)

- Use public transportation facilities
- Drive my own or my parents'/guardians' car with no passengers.
- Drive my own or my parents'/guardians' car with _____ (number) passengers.

Name(s) of Passenger(s): _____

- Ride in a car driven by a fellow student. Name of Driver _____
- Other (specify) _____

PART II: To Be Completed by Principal/Designee

The student named above may be excused to engage in the activity described above.

The activity is is not school-sponsored. School Staff Sponsor (if applicable) _____

The attendance will be recorded as: Present Absent
(Code 08, "Work on activity accepted by school authorities as reason for excusing student")

_____/_____/_____
Signature, Principal/Designee Date

PART III: To Be Completed by Parent, Legal Guardian, or Eligible Student

Read carefully before signing.

The Board of Education of Montgomery County and its servants, agents, and employees does not insure transportation as described in PART I. The school system does carry liability insurance, which, under terms of the coverage, may apply to a school-sponsored activity. In no case would coverage be provided for activities designated as non-school-sponsored. The owner of the vehicle must carry bodily injury insurance of \$100,000 per individual or \$300,000 per accident.

I as parent (or legal guardian) of the student named above, or as eligible student, give permission for the named student to be transported in the manner described in PART I.

I as parent (or legal guardian) of the student named above, or as eligible student, give permission for the named student to participate in the above-described activity.

I release, acquit, forever discharge, and agree to and do indemnify and save harmless the Board of Education of Montgomery County and its servants, agents, and employees from any and all future liability resulting from any and all claims or causes of action which I now or may in the future have for personal injuries, damage to property, loss of services, medical expenses, and losses or damages of any and every kind whatsoever that may arise from the transportation to and from the activity described above. If this is a non-school-sponsored activity, I understand that this release also applies to participation in any non-school-sponsored activity.

_____/_____/_____
Signature, Parent, Legal Guardian, or Eligible Student Date

**DOWN COUNTY PASSING LEAGUE
VARSITY SCHEDULE**

TUES	5/26/09	4:00PM	ROCKVILLE VS NORTHWOOD
THURS	5/28/09	5:00PM	SPRINGBROOK VS ROCKVILLE
THURS	6/04/09	5:00PM	ROCKVILLE VS WHEATON
THURS	6/11/09	4:00PM	WJ VS ROCKVILLE
THURS	6/18/09	4:00PM	BCC VS ROCKVILLE
TUES	6/23/09	4:00PM	ROCKVILLE VS BLAKE

Chesapeake Passing Jamboree

All day Passing Jamboree. Times and schedules will be determined within a week of the event

**Saturday June 6th at North County High School in Glen Burnie, MD
(Anne Arundel County)**

**Saturday June 13th at Frederick High School or Heritage Park
depending on the number of teams committed. Frederick, MD**