



625 Marina Blvd • Bullhead City, AZ 86442 • 928-758-MALC (6252)

**MOHAVE ACCELERATED LEARNING CENTER**

**HANDBOOK RECIEPT:**

Student/Athlete Name \_\_\_\_\_ Grade: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Sports/Activities \_\_\_\_\_

*I \_\_\_\_\_ have read and understand and agree to all of the material contained in (athlete name) the Mohave Accelerated Learning Center athletic handbook.*

**INSURANCE:**

Please attach a copy of your child’s medical insurance card AND complete the information below:

Medical Insurance Carrier \_\_\_\_\_

Address of Medical Insurance Carrier \_\_\_\_\_

Primary Insured \_\_\_\_\_ ID# \_\_\_\_\_

**CONTACTS:**

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**CODE OF CONDUCT:**

**I have read the Student and Parent Code of Conducts and agree, whole-heartedly, to abide by these codes. I understand that breaking the Student and/or Parent Code of Conduct could result in the immediate removal of me and/or my child from the Mohave Accelerated Learning Center Athletics Program. Athletes and parents are required to sign this agreement.**

\_\_\_\_\_  
**Signature of Athlete** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent** \_\_\_\_\_  
**Date**

*Please complete ALL INFORMATION on this page and return to the athletic office. All athletes MUST have this page completed, accepted, approved and on file with the Athletic Director prior to attending any tryouts or practices. All participation fees are also due before student/athlete may attend a tryout or practice.*