Gunn Science Bowl 2020-2021

VARSITY TEAM CAPTAIN DECLARATION FORM

This document, in addition to the team member contract, must be scanned and emailed to gunnsciencebowlclub@gmail.com prior to December 1, 2020 at 11:59 PM.

By sig	ning this document,
I,	hereby commit to the following:
1.	To lead the varsity team to the best of my ability, with enthusiasm and initiative
2.	To communicate any significant issues that jeopardize the performance or unity of the
	team with the club presidents or advisor
3.	To have the team's best interest at heart at all times
4.	To uplift my teammates in addition to myself, and to provide help to my teammates whenever possible
5.	To provide guidance, to my ability, to anyone from the junior team that need it, particularly the JV captain
6.	To prepare lectures and lessons that may arise from my role as a Specialty Lead in a timely fashion, and to the best of my ability
7.	To be committed to achieving my best and giving 100% at all practices, events, and competitions
And I	understand the following:
1.	As the representative of the Gunn Science Bowl varsity team, I agree, to my capabilities, to keep Gunn High School and its team held in the best light possible at all practices,
2	events, and competitions.
2.	Being on the competitive varsity team is not easy, and being the captain is even more challenging.
3.	I am considered the leader of the Gunn Science Bowl varsity team, and I will be held accordingly to that standard.
4.	At any time, I am able to come to the club presidents or advisor for support, guidance, or advice.
5.	If I am considering resignation, I have the option to either resign from the team entirely or simply resign my captainship while maintaining my team membership.
6.	If I resign from my position as a member on the team and/or give up my captainship, the varsity team's co-captain will lead the team in my stead.
7.	If I resign my team membership and/or captainship, I understand that I can no longer be considered for that position until next year's qualifier test.
My si	gnature: Date:

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Parent signature:	Date: