

RosterRecharge Athlete Orientation

Complete the following tasks in this order then have your Parent/Guardian sign it:

- Watch the intro video on www.RechargeAutoPilot.com
- Get your **Teammate Accountability Partner's** name & number. You'll need to speak to them at the end of each Assignment.
- Write down your Team Code: _____
- Day 1:** Go to www.RechargeAutoPilot.com and complete Assignment #1 – *time sensitive* – Due by: _____
- Day 2:** Go to www.RechargeAutoPilot.com and complete Assignment #2 – *time sensitive* – Due by: _____
- Day 3:** Go to www.RechargeAutoPilot.com and complete Assignment #3 – *time sensitive* – Due by: _____
- Day 4:** Go to www.RechargeAutoPilot.com and complete Assignment #4 – *time sensitive* – Due by: _____
- Day 5:** Go to www.RechargeAutoPilot.com and complete Assignment #5 – *time sensitive* – Due by: _____

All prospective accountability partners need to be approved by a parent or guardian before phone or in person meetings are scheduled.

A parent or guardian needs to be present during all phone or in person communications with accountability partner.

I, the parent or guardian of the child (athlete), hereby give my approval for their RosterRecharge participation. I also agree to RosterRecharge's privacy policy and terms of service found at http://www.rosterrecharge.com/terms_of_service.html.

Parent/Guardian Name: _____ Athlete Name: _____

Parent/Guardian Signature: _____ Date: _____

AP SHEET 1 - Prospective Accountability Partners List

Athlete's Family, Relatives and Family Friends

1. _____ Roles: _____ Date: ____ / ____ Time: _____ T: ____ AC:
2. _____ Roles: _____ Date: ____ / ____ Time: _____ T: ____ AC:
3. _____ Roles: _____ Date: ____ / ____ Time: _____ T: ____ AC:
4. _____ Roles: _____ Date: ____ / ____ Time: _____ T: ____ AC:
5. _____ Roles: _____ Date: ____ / ____ Time: _____ T: ____ AC:
6. _____ Roles: _____ Date: ____ / ____ Time: _____ T: ____ AC:
7. _____ Roles: _____ Date: ____ / ____ Time: _____ T: ____ AC:
8. _____ Roles: _____ Date: ____ / ____ Time: _____ T: ____ AC:
9. _____ Roles: _____ Date: ____ / ____ Time: _____ T: ____ AC:

Continue on a separate sheet of paper or go to www.RechargeAutoPilot.com to print off a full **AP SHEET 1**

AP SHEET 2 - Accountability Partner Sign-Up Sheet

First & Last Name	A	B	C	D	E	F/B/S/G	LB	SB	TS	Account Email

Continue on a separate sheet of paper or go to www.RechargeAutoPilot.com to print off a full **AP SHEET 2**