

All Saints Catholic Academy
Athletic Participation Agreement
(Signature of Parent/Guardian, Athlete & Coach Applicants Required)

Date: _____

I hereby request ASCA to grant permission for my student to participate in ASCA Athletics. I understand that I am entering into a voluntary contract between myself, the parent (or guardian) of an ASCA student, and All Saints Catholic Academy for participation in school sponsored athletic activities.

I agree to cooperate with and support the rules and regulations of the Diocese of Joliet, of ASCA and its school and athletic boards. I agree to be governed by these rules and regulations as announced to me by the pastor or principal of ASCA as published in the Athletic Handbook and as announced or published in other places by the school administration. I understand that I must be familiar with and accountable for these rules and regulations and the policies and procedures which govern participation in ASCA athletics.

As a player, my student understands that he/she must fulfill all religious and academic responsibilities to ASCA and conduct himself/herself as a Committed Christian in school, outside of school, and in particular, in any activity involving athletic competition representing ASCA. My student agrees to be bound by the rules and regulations regarding athletics and submit himself/herself voluntarily to the application of these rules.

As a parent of an ASCA athletic participant, I understand my responsibility and obligation to see that my student fulfills his religious and academic responsibilities including school work and homework assignments and complies with the rules and regulations for participation in ASCA athletics. I further agree that as an adult, I will conduct myself in a responsible and mature Christian manner at all times at all practices and games, that I will show respect for authority, and will engage in no activity or conduct which is in any way disrespectful, combative, or confrontational or question the jurisdiction of the pastor, principal, coach, officials, or anyone connected with the ASCA athletic program.

As a player and parent, we acknowledge that a violation of the rules and regulations may result in forfeiture of ability to participate in athletics representing ASCA.

As a player and parent, we acknowledge that we must attend the Positive Coaching Alliance Classes before my student can participate in any sport at ASCA.

As a coach/assistant coach, I acknowledge that a violation of the rules and regulations may result in forfeiture of my ability to participate in athletics representing ASCA (if applicable).

As a coach/assistant coach, I acknowledge that I must attend the Positive Coaching Alliance Classes before I can participate in any sport at ASCA (if applicable).

As, a parent I acknowledge that fees for participation will only be refunded for relocation, or illness/injury prior to participation in the first sport.

Our signatures mean that we understand and accept these conditions for the participation of our student and family, which are binding through our student's graduation from ASCA.

PARENT'S NAME _____

PARENT'S SIGNATURE _____

STUDENT'S NAME _____

STUDENT'S SIGNATURE _____

COACH/ASSITANT COACH'S NAME _____

COACH/ASSITANT COACH'S SIGNATURE _____