ST. ANDREW CATHOLIC SCHOOL
Athletic Contract

Please initial each statement below to acknowledge your agreement to this contract. Then sign the form and return it to the Athletic Director to be eligible for participation.

Please circle: Volleyball Basketball Cheerleading Golf Soccer

As a St. Andrew Student-Athlete……

_____ I understand participation in athletics is a privilege, not a right.

_____ I understand attendance at school, practices, and games is mandatory and affects eligibility. I will strive to do my best in every practice and every game, and I will do my best to be on time for practice and games. I will not miss practice or a game because of another outside sport or extra-curricular activity unless approved by the coach or athletic director.

_____ I understand missing assignments can lead to academic probation and ineligibility and poor behavior or school discipline may result in suspension or removal from the team.

_____ There will be times when I will follow someone's lead, and there will be times when I must assume the lead; I understand I will always have a contribution to my team.

_____ I will take my coaches direction and comments as constructive suggestions which make me a better athlete and my team a successful unit.

_____ I understand probation and disciplinary decisions are reviewed and enforced by the Athletic Director and School Administration.

_____ I will always play hard but will always be a fair sport whether we are winning or losing the game, realizing that everyone on my team and my opponent's team are playing for the competitive experience.

_____ I will, at all times, show respect for my classroom teachers, and my coach; I understand that my conduct in school will and can affect my being a part of the team.

_____ I will be an example of Christ in all my actions on and off the field/court of competition.

_____ I have my parent consent form and physical form complete and turned in. I have read the Athletic Handbook and agree to follow the stated policies and procedures.

Athlete Signature_____ Date: _____

Athlete Printed Name_____

Parent Signature _____ Date: _____

Parent Printed Name_____

PLEASE RETURN THIS FORM TO THE ATHLETIC DIRECTOR