

OUR LADY OF THE ASSUMPTION SCHOOL
2011-2012 SPORTS CONTRACT

Basketball/Cheerleading

Name _____ Grade/Room _____

Address _____ Home Phone _____

Parent(s) Name(s) _____

Parent(s) Cell Phone _____

Emergency Contact _____ Tel No. _____

Medical Concerns _____

Allergies _____

- I agree to show good sportsmanship at all times.
- I will demonstrate proper respect toward all players, coaches and referees.
- I will dress in the appropriate team attire as determined by the principal/athletic director.
- I understand that my grades are my first priority and I will not allow my involvement in the sports program to interfere with my school performance.
- I understand that any infraction of the rules set forth could be grounds for dismissal from the team.
- The school and its sports personnel will not be held responsible for any personal injury incurred by participants in the OLA sports program.

I have read and support the regulations of the OLA Sports Program.

Player Signature _____

Parent Signature _____

Sports Fee (payable to OLA Athletic Program) to be included with signed contract & Medical Form

\$150.00 per player

Amount enclosed \$ _____

Check No. _____