

# Abundant Life Christian School

2020-2021

## ATHLETIC PARTICIPATION CONTRACT

- I agree to abide by all rules and regulations set forth by the Athletic Director and my coaches.
- I agree to pay for any and all equipment, which I may lose, misplace, or damage through carelessness or intent. I further agree to assume full responsibility for all equipment issued to me, and to confine the use of that equipment to practice, games, and/or meets.
- I understand that injuries could occur as a result of participation in athletics. I understand that these injuries could include minor injuries such as bruises or abrasions, muscle strains, sprains, or broken limbs. I understand that it is possible that a catastrophic injury could occur rendering me paralyzed, and that death could also occur as a result of a catastrophic injury.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### Fees

4<sup>th</sup>-8<sup>th</sup> Grade Volleyball (Co-Ed) - \$30.00

4<sup>th</sup>-8<sup>th</sup> Grade Football (Co-Ed) - \$20.00

I, as parent/guardian of \_\_\_\_\_, give my son/daughter permission to participate under these conditions. I will do my part in seeing that he/she follows these rules and regulations. I also give permission to the attending physician to give first aid and emergency treatment to my son/daughter should he or she require such assistance. I will also be responsible for payment of lost or damaged equipment (at replacement cost), and all fees required for my child to participate in each athletic season.

I understand that injuries could occur as a result of participation in athletics. I understand these injuries could include minor injuries such as bruises or abrasions, muscle strains, sprains, or broken limbs. I understand that it is possible that a catastrophic injury could occur rendering my son/daughter paralyzed, and that death could also occur as a result of a catastrophic injury. I give permission for my son/daughter to participate with this understanding.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Office Signature: \_\_\_\_\_