

# Abundant Life Christian School

2025-2026

## ATHLETIC PARTICIPATION CONTRACT

- I agree to abide by all rules and regulations set forth in the Athletic and Co-Curricular Code of Conduct Handbooks.
- 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 or worst case, death.

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

\_\_\_\_\_  
Date

### Fees

AGE	1st Sport	2nd Sport	3rd Sport
High School (9-12)	\$225	\$195	\$180
Golf	\$355		
MCDS Fall Sports	Boys Soccer - \$290 / Boys Volleyball - \$300		
St. Ambrose Fall Sport	\$225		
Grades 4 through 8	\$125		

***\*\* All families are expected to work at home games/matches to help us run a successful home game management. The number of shifts required will be determined each season based on the number of home games and needed shifts. Shifts will be filled on a first come, first served basis. Shift details will be discussed at each respective sport parent meeting.***

I, as parent/guardian of \_\_\_\_\_, I understand that the ALCS Athletic and the Co-Curricular Code of Conduct Handbooks are on-line and will use the rules and policies set forth for athletic participation at ALCS. I 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, coach or trainer 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, or worst case, death. I give permission for my son/daughter to participate with this understanding.

I understand, according to the ALCS Athletic Handbook, when students ride the buses/shuttle vans to and from all athletic events, a departure from this requirement will release ALCS from all liability for any adverse results that may occur. I agree to release ALCS and its employees from all liability with reference to the above stated transportation policy if I choose to transport my child home independently.

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

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY:

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

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