



## St. Elizabeth of the Trinity Athletic Agreement

As a member of the athletic program at St. Elizabeth of the Trinity, both parents/guardians and athletes are expected to observe the following guidelines:

1. Athletes are expected to conduct themselves, on and off the court/field, in a manner that reflects positively on you, your teammates, your family and the athletic program here at St. Elizabeth of the Trinity.
2. Athletes are expected to meet the academic eligibility requirements established by St. Elizabeth of the Trinity.
3. Athletes are expected to attend all scheduled practices and games/meets unless the coach excuses you.
4. Athletes are expected to take care of the uniform as directed and return in good condition.
5. An athlete may be placed on probation and/or removed from participation in any school-related activity, including extracurricular activities, for behavioral or academic problems.
6. Parents are expected to conduct themselves respectfully at all games/meets.
7. Parents are not to talk to any sports referee on their own - all issues should be brought to the attention of the coach for him/her to handle.
8. Parents are to abide by the 24-hour rule. If you have any questions or concerns regarding your athlete after a practice and/or game, you will wait 24 hours before

Failure to abide by the above guidelines will result in disciplinary action, which may include suspension and/or termination from the athletic program for the duration of the season.

The above information was explained to me and I understand the list of rules and procedures. I also understand the necessity of using proper techniques while participating in the St. Elizabeth of the Trinity Athletic Program.

Athlete Name: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

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

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

**St. Elizabeth of the Trinity Athletic Release Form**

Athlete's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PARENT RELEASE FORM**

In consideration of your accepting this entry, I (player's name) \_\_\_\_\_ do hereby, for myself, my heirs, executors, and administrators, waive release, and forever discharge any and all rights and claims for damages which I have have accrued for me against the St. Elizabeth of the Trinity Athletic Program and their representatives (coaches, adults, aids, etc) and/or assigns for any or all damages which may be sustained and suffered by me in connection with my said association with or entry and/or arising out of my traveling to, or participating in and returning from said athletic event, game, practice, etc. Participants are fully covered with parent's or guardian's hospital insurance. It is also understood that monetary compensation will be paid to St. Elizabeth of the Trinity Athletic Board for any supplied equipment not returned at the end of said season by the player or parents/guardians (excluding non-reusable equipment). I/we also accept full responsibility for notifying the proper coach or moderator of any pertinent medical conditions that may have an effect on the above named child's ability to participate in an organized sport.

Since the applicant is under the age of twenty-one years, this application must be signed by the applicant's legal guardian. In the event of an injury, if neither parent/guardian can be contacted, I authorize the coaching staff to take any emergency action as may be deemed necessary.

I hereby consent to the foregoing:

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Please list any medical conditions/medications or other information you feel the coaching staff needs to be aware of: