

LINCOLN CATHOLIC LEAGUE
SAINT MARY'S SCHOOL
ATHLETIC PERMISSION FORM

1. The permission slip below must be completed, signed and returned prior to participation in any practice or game.
2. All parents and students must know and abide by the League rules (www.cysi.org for league rules).
3. All parents and students must know and abide by the rules of the school under whose name an athlete participates.
4. Sports fee (per sport): **Volleyball - \$15.00; Basketball - \$15.00; Track - \$15.00**
5. **THE SAINT MARY'S SCHOOL PARTICIPATION POLICY** will be enforced throughout the season.

A. ACADEMIC POLICY

Grades will be checked every Friday. Players must maintain a 70% cumulative grade average in order to participate in sports. Any student who has more than one missing assignment or an average below 70% will be ineligible to participate in practices or games for the following week (from Friday to Friday). Parents or guardians and students will be notified (via telephone) when a player is ineligible due to academic problems.

B. ATTENDANCE POLICY

Students must be in school a minimum of 3½ hours in order to participate in practice or games that evening. Students who leave school during the day due to illness or injury may not practice or play that evening.

C. DISCIPLINARY POLICY

Any student who has more that one detention during a week's period may not practice or play for one week from the date of the second detention. In-school suspension includes suspension from participation in sports.

THE PRINCIPAL AND/OR PASTOR RETAIN AUTHORITY TO TEMPORARILY OR PERMANENTLY SUSPEND AN INDIVIDUAL OR TEAM FROM PARTICIPATION.

Lincoln Catholic Athletic League
SAINT MARY'S SCHOOL
Parent Consent Form

I hereby give my permission for _____ to participate in the Lincoln Catholic Athletic league on a _____th grade _____team.
(sport)

We do assume all the risks and hazards incidental to the conduct of the activity, including practice, transportation to and from activities and we do further release, absolve, indemnify and hold harmless the Lincoln Catholic Athletic League and St. Mary's School.

Parental Signature _____

Will the participant be covered by medical insurance? ____ YES ____ NO

Policy _____

Date of Signature _____

STUDENTS PARTICIPATING MUST MEET SIGNUP DEADLINE REQUIREMENTS. NO STUDENT MAY PRACTICE OR PLAY UNTIL PERMISSION SLIP **AND** SPORTS FEE HAVE BEEN RECEIVED IN THE SCHOOL OFFICE.