



KCSS PARENT / ATHLETE CONTRACT



Athlete Name: _____ **Grade:** _____ **Date:** _____

The Student Athlete must read and sign the following to be a participating member in any inter-scholastic athletic program offered at KCSS.

The Student Athlete and Parents must....

1. Agree that school work and grades come first at KCSS. Eligibility to participate in extra-curricular activities will depend on academic effort, attitude, and conduct, both in school and at school functions.
 - a. Students must comply with the KCSS Eligibility Requirements.
2. Follow school policies.
3. Make a commitment to his/her team to attend and work hard at all practices.
 - a. While students may participate on a club/traveling team (non-KCSS) while participating on a KCSS team, the school team must take priority for both practices and games.
4. Have a positive attitude and be a positive influence as a representative of KCSS.
5. Show loyalty to his / her team and to KCSS Athletic Program
6. Commit to completing a season once they have started.
7. **STUDENT ATHLETE SHALL NOT** use drugs, alcohol, smoking devices or abusive language. If he/she does it will lead to disciplinary action and possible termination from the team.
8. Show courtesy and respect to opponents, teammates, coaches and officials at all times. **POOR SPORTSMANSHIP CAN LEAD TO BEING ASKED NOT TO ATTEND GAMES IN THE FUTURE.**
9. Notify coach prior to the athlete missing practice or game.
10. Agree to reimburse the Athletic Association for lost or damaged uniforms.
11. Agree to fill out a coach evaluation form at the end of the season.
12. Agree to pay a \$30.00 deposit fee.
13. Agree to work your assigned times for concessions or find a substitute. Failure to do so may result in forfeiting part or all of the deposit
14. **Agree to work your assigned times in the kitchen during the Holy Cross Men's Open Basketball Tournament.**

I HAVE READ THE PRECEDING CONTRACT AND AGREE TO IT.

THIS MUST BE SIGNED ALONG WITH YOUR \$30.00 DEPOSIT.

Athlete Signature: _____ **Date** _____

Parent Signature: _____ **Date** _____



Kaukauna Catholic School Athletic Association



Each student participating must have a completed form

*****IN CASE OF EMERGENCY*****

Athletes Full Name: _____

Date of Birth: _____

Parent's / Guardian's Full Name: _____

Address: _____

Phone Numbers: Home: _____

Work: _____

As parent or guardian of _____ I give my permission to have the coach(es) call for medical attention to the nearest or most available physician and / or hospital in case of accident or injury.

Coaches have permission to:

Administer first aid to the best of their ability: Yes No

Hospital Preference: _____

Family Doctor (Name and Number): _____

Family Dentist (Name and Number): _____

Known allergies to drugs or anesthetics: _____

Parent / Guardian Signature: _____

ATHLETIC COACH / PROGRAM EVALUATION

The Kaukauna Catholic Schools Athletic Association would appreciate a few minutes of your time to fill out the following survey. The results will be shared with the respective coaches so we can continue to improve our athletic program. Please keep in mind that our coaches are volunteers giving of their time and talents. Getting feedback from parents is an integral part of the improvement process and we appreciate your time and involvement.

Use the following scale for you answers

1. Very well done 2. Average to above average 3. Satisfactory 4. Needs improvement

Sport (circle one): Basketball Softball Track Volleyball

Coaches: _____

Grade (circle all that apply): 5th 6th 7th 8th Girls Boys

Do you agree with the coach's philosophy and expectations of their team members?

Yes or No ***If no, please explain your answer:***

Please evaluate the coach's knowledge of the program: 1 2 3 4

Did the coach(es) keep winning in perspective: 1 2 3 4

Did the coach(es) represent KCSS in a positive manner at all games and practices: 1 2 3 4

If not, please explain:

Did your child have a positive experience: 1 2 3 4

If not, please explain:

Additional comments:

This information will be kept confidential at your request (circle one) Yes No

Signature (optional): _____