



Soccer Skills Academy

Dr. Knox Middle School

Dr. Knox Soccer Program Contract 2018-2019

I, _____ as parent/guardian of _____, agree to the following conditions:

1. I have made arrangements for payment of \$450.00 on-line.
2. If payments are not made as per the Application Policy, I understand that my child may be suspended from the Soccer Program

As a student/athlete in the SD#23 Soccer Academy, I will:

- 1. perform to the best of my abilities in all my classes, which includes Soccer Academy classes;**
- 2. attend all of my classes unless I have a serious reason for absence;**
- 3. be on time for all of my classes;**
- 4. abide by all school rules;**
- 5. not bully or attempt to injure any of my Soccer Academy classmates;**
- 6. abide by the school Athletic Code of Conduct;**
- 7. wear soccer gear as directed by the supervising teacher.**

Failure to follow the above student/athlete criteria may result in suspension or removal from the Soccer Academy

PARENT/STUDENT AUTHORIZATION

I/we certify the information given in this contract is true and complete and understand that, if selected for the SD#23 Soccer program, falsified statements may be reason for removal.

I authorize all information contained within this contract.

The Soccer Academy will be a high profile program. Pictures of your son/daughter in program- related activities may be used for the purpose of promotion and communication for the program.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Contact and email _____