

**GENOA CHRISTIAN ACADEMY
ATHLETIC RESPONSIBILITY ACKNOWLEDGEMENT**

ATHLETE'S NAME: _____ YEAR: _____

Prior to participating in any practice or tryout sessions for any GCA sport, each athlete must:

1. Successfully pass a **physical examination** by a registered physician and present the copy of such examination to the coach to be kept on file. One current physical examination per year is sufficient for all sports during that school year.
2. Return the **Athletic Responsibility Acknowledgement Form** properly signed to the coach.
3. Return the **Sudden Cardiac Arrest Form** properly signed to the coach.
4. Properly fill out the **Emergency Medical Form** and return to the coach.
5. Pay the \$125 per student, per sport **participation fee** (\$200 maximum fee per sport, per family).

As a school's student-athlete participating voluntarily in GCA athletics, I understand that:

1. I will abide by the school's student Code of Conduct, the school's Athletic Handbook, and the rules of the team coach.
2. I will conduct myself in a Christ-like manner at all times.
3. I will be responsible for all athletic equipment issued to me throughout the season, will return such equipment at the conclusion of the season, and will pay the current replacement cost for any of the equipment not accounted for by me at the end of the season.
4. I will be responsible for my transportation to and from practices and games.

I, along with my parents, certify that I have read and understand all of the athletic policies in the GCA Athletic Handbook. In order to be eligible for participation, I understand I must comply with all requirements listed.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Please circle all sports the signed student plans to play during the school year.

Soccer Volleyball Golf Basketball Cheerleading Track Softball