



POMONA CATHOLIC MIDDLE SCHOOL ATHLETIC DEPARTMENT

# PARTICIPATION CONTRACT

2023-24

ATHLETIC DIRECTOR: MR. MICHAEL KHOSHKBARIIE | 909 623 5297 EXT 310 | MKHOSHKBARIIE@POMONACATHOLIC.ORG

\* THIS SLIP MUST BE RETURNED TO THE ATHLETIC DIRECTOR PRIOR TO THE FIRST GAME.

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

SPORTS \_\_\_\_\_ TRY OUT DATE \_\_\_\_\_

I, \_\_\_\_\_ understand that participating in any extra-curricular activity can be both physically demanding and time consuming. In order to commit to a full season on the sport of choice, I understand I must stay eligible both financially and academically or can be suspended or removed from the team. I understand practices can be up to 5 days a week with games and/or tournaments after school and sometimes on Saturdays. Away games will require early dismissal. I will contact my teacher's prior to leaving to receive homework assignments. This means I will need to balance academics and athletics to the best of my ability. I, however, will keep school work my priority. If I have a previous commitment (tutoring, etc.) I will notify the head coach once I have been placed on an appropriate team. Not showing up to practices or games without notification can result in suspension or removal from the team.

The cost for participating in each sport is **\$75**.

**The sport fee is due by the first week of practice.** Payment arrangements can be made through the Finance Department.

**The athletic packet** must be complete and turned in **PRIOR** to the try out date.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE