



Athlete Compliance Form 2018 - 2019

Athlete Name: _____

MINOR: Parent /Guardian Name: _____

Phone 1: _____ Phone 2: _____

Sport Team: _____ Email address: _____

Please initial representing that you have read, understand, and are willing to comply with the following:

Team Policies _____ Athlete Code of Conduct _____

FINANCIAL ASSISTANCE / SCHOLARSHIP INFORMATION

Please let SAS know if you expect to need financial assistance this upcoming season. We will do our best to help each individual enrolled in the program have the opportunity to participate. With that in mind, we will attempt to provide scholarships to those most in need of assistance. Please understand that we will need documentation demonstrating such a need prior to providing any funds.

The following is NOT a contract, but merely an attempt to gather information and plan for the upcoming season. **PLEASE COMPLETE THE FOLLOWING:**

I/we intend to cover the expenses during the 2017-2018 Season* _____ (Please Initial)

Or

I/we expect that I/we will need financial assistance in order to participate this season 2017-2018. I/we anticipate the approximate need level to be: 25% 50% 75% (Maximum amount)

Please circle one

Athlete/Parent's Signature: _____ Date: _____

** SAS understands that things can change mid-season. If they do, please let us know as soon as possible.*