

HOLY CROSS CATHOLIC ACADEMY

ATHLETIC PARTICIPATION and FEES

2009 - 2010

Student's Name: _____ Grade: _____

The student athlete must be covered by a family insurance plan in order to participate in athletics. **Proof of primary insurance is REQUIRED before the student may begin practice for the sport activity.** Please provide the name of your insurance carrier and the policy number. Thank you.

Insurance Carrier: _____ Policy Number: _____

Secondary Insurance **must** be purchased through Holy Cross, as **mandated by the Diocese.** Please note that this is secondary insurance. Parents are still required to carry primary insurance for a student to be eligible to play sports. If an accident should occur, this would help with the deductible on the primary insurance. The policy provides \$25,000 medical and \$25,000 life insurance.

- A) _____ \$ 25.00 to play football (incl. other sports, boys only) & 24 hour school coverage for school activities
- B) _____ \$ 12.50 for VB, BB, Golf, Track, Cheer and 24 hour school coverage for school activities
- C) _____ \$ 10.50 24 hour school coverage for school activities; does not participate in any sport

Sport (Insurance)	Middle School	JV / Varsity	Total
___ Cheerleading (B)	___ \$80.00	___ \$105.00	\$ _____
___ Volleyball (B)	___ \$125.00	___ \$150.00	\$ _____
___ Football (A)	___ \$160.00 *	___ \$160.00 *	\$ _____
___ Basketball (A or B)	___ \$125.00	___ \$150.00	\$ _____
___ Track (A or B)	___ \$100.00	___ \$100.00	\$ _____
___ Golf (A or B)	___ \$160.00	___ \$170.00	\$ _____

Insurance Amount From Above (Once per year and covers all sports) \$ _____

* All FB must pay option A (this includes all other sports).
VB, BB, Track, Golf & Cheerleading must pay option B.

TOTAL \$ _____

Date Pd. ____/____/____ Amount Pd. \$ _____

Check # _____ Inv. # _____

I will pay the fee for the respective sport *before practice begins* for each athletic season. I will have on file at Holy Cross Catholic Academy a current physical report for my son/daughter *before practice begins*.

Signature of Parent or Guardian _____ Date _____

Please note: Athletic fees are non-refundable.

Revised 02/02/09