



**HOLY CROSS CATHOLIC ACADEMY
2016-2017 ATHLETIC PARTICIPATION & FEES**



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.

Primary Insurance Carrier: _____ Policy Number: _____

Secondary Insurance **must** be purchased through Holy Cross as **mandated by the Diocese**. This fee is included in your registration fees. 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.

- **I will have on file at Holy Cross Catholic Academy a current physical report for my son/daughter before practice begins.**
- **I will pay the fee for the respective sport before practice begins for each athletic season.**
- **Each athlete's family is responsible for dedicating 10 of their service hours to the Athletic Department (concession, gate/tickets, etc.).**
- **Please note: Athletic fees are non-refundable.**

Sport	Fee	Date Paid
___ Cheerleading	___ \$150.00	_____
___ Volleyball	___ \$185.00	_____
___ Football	___ \$200.00	_____
___ Basketball	___ \$185.00	_____
___ Track	___ \$140.00	_____
___ Golf	___ \$190.00	_____

Signature of Parent or Guardian: _____ Date: _____

MISSION STATEMENT—The mission of Holy Cross Catholic Academy is to challenge all students to attain their full potential to contribute to church, school, and society as we share the life and message of Christ.