

***SOUTH CENTRAL XTREME SEASON 22
ATHLETE & PARENT AGREEMENT FORM***

THIS FORM IS DUE AT TRYOUTS

NO ATHLETES WILL BE PERMITTED TO START TRYOUTS WITHOUT THIS FORM COMPLETED!

Xtreme Athlete please **initial** and **sign below**:

As a member of South Central Xtreme Season 22, I understand and agree to the following:

- _____ Attend all practices & give my best effort
- _____ Show respect to all coaches and teammates
- _____ Do my best to fulfill my role on my team
- _____ Understand changes may be made to routines to better the TEAM
- _____ Be respectful and represent Xtreme to the best of my ability at events
- _____ Understand I may be removed from my team if any of the above are not followed

Athlete Name: _____

Athlete Signature: _____

Date: _____

Xtreme Parent please **initial** and **sign below**:

As a parent of a South Central Xtreme Season 22 athlete, I understand and agree to the following:

- _____ Have my athlete at all practices and competitions
- _____ Support coaches' decisions
- _____ Show respect to all coaches, athletes, and other Xtreme parents
- _____ Understand changes may be made to routines to better the **TEAM**
- _____ Be respectful and represent Xtreme to the best of my ability at events
- _____ Understand my athlete may be removed from the team if any of the above are not followed
- _____ Understand that if my bill is not up to date, my athlete will not be permitted to practice but will be required to be at practices.
- _____ Understand that my athlete may be removed from the team for nonpayment

Parent Name: _____

Parent Signature: _____

Date: _____