

PLEASE SIGN & RETURN TO YOUR COACH BY THE FIRST GAME/MEET/PERFORMANCE

STUDENT-ATHLETE AGREEMENT:

I agree to the terms listed within this contract and fully commit to the GALS Athletic Team and the responsibilities that go along with it: (PLEASE PRINT CLEARLY!!!)

Student-Athlete's Name (Print Full Name): _____

Student-Athlete's Signature: _____ Date: _____

Middle School **OR** High School (Circle One) // Sport/Activity: _____

PARENT/GUARDIAN AGREEMENT:

I agree to the terms listed within this contract and give my student permission to compete for the GALS Team and the responsibilities that go along with it: (PLEASE WRITE CLEARLY!!!)

Parent/Guardian's Name (Print Full Name): _____

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Cell Phone: _____

Parent/Guardian's E-Mail (print clearly): _____

Travel for Away Games:

I give permission for my student-athlete to travel to an away game/meet in the GALS van, a personal vehicle of a coach and/or another Parent/Guardian:

YES

NO – Explain: _____

I am willing to help drive students to away games/meets:

YES

NO

If YES, which games/meets (please see schedule for dates) AND how many can you drive:

of students you can take (not including the driver): _____

Games/Dates: _____

Athletic Fee: (check to be made out to GALS Denver with Student Name/Team in the Memo)

I will pay this in full (\$125/sport).

I will pay this in monthly payments (2 monthly payments of \$62.50).

I will need a partial scholarship.

I will need a full scholarship.

Permission to Use Student's Photo for Team Results through Social Media/GALS Website:

YES

NO