ALBERTA SCHOOLS' ATHLETIC ASSOCIATION

Completion required by student and parent/guardian in order to access ASAA competition



Retain Form at school for submission to SCZ and the ASAA if requested

ACKNO	OWLEDGMENT AND AGREEM	ENT (Student /Guardian) <u>Term</u>	2019/2020 School Year
	shed to coordinate a program of		tary, non-profit organization that has been ne young people of Alberta in an educational
AND W schools of the A		[NAME OF SCH mine the policy of the ASAA throu	OOL] is one of more than 400 member high ugh representation on the Board of Governors
Zone ("	/HEREAS 'SCZ") which also has Bylaws, R [I	ules and Policies which govern t	
and SC			res who are served by the work of the ASAA rought by individual student athletes, their
We, [S	tudent and guardian], acknowled	ge and agree as follows:	
1.	We have had an opportunity to revi http://www.asaa.ca http://southcentralzone.com/	iew the Bylaws and Polices of the AS	SAA and SCZ which are available for our review at:
2.	any matter concerning me or any o	ther athlete registered as a student	e ASAA or SCZ or any decision by, them regarding at [NAME OF CHOOL] team as final and binding on us.
3.	We acknowledge that any application for a review of any decision of, or an outcome of an appeal process of, the ASAA or SCZ by a Judge in a court of law must be brought by the administration of [NAME OF SCHOOL] and not by us.		
4.	[NAME OF SCHOOL]'s Membership in the ASAA and SCZ is a privilege and not a right.		
5.	We, authorize [NAME OF SCHOOL] to provide a copy of this document to the ASAA and SCZ to use or publish in any manner they see fit.		
	Student Name (print)	Student Signature	Date
	Guardian Name (print)	Guardian Signature	Date