

LEEP Special Olympics prides itself in providing quality physical fitness opportunities and sport competitions for people with intellectual and developmental disabilities. The purpose of this Participation Contract is to establish an understanding of the importance of attendance of all athletes involved in LEEP Special Olympic practices and competitions. When athletes register for a LEEP Special Olympic sport, they are making a commitment to a team. The following statements are to ensure an understanding of financial responsibilities when joining a LEEP Special Olympics Sport:

- I understand** I must meet the payment requirements agreed upon by the correct date in order to participate. I must pay the first payment before the season starts or by the first practice. If there has been no payment, I cannot participate until payment is received by LEEP.
- I understand** that if I choose to not to participate in the season, the decision must be communicated through a written/typed document to LEEP's Athletics Coordinator, Kristy Rotchadl, BEFORE the start of the second week of practice. I will then receive a full refund.
- I understand** that if I chose to end participation after the START of the second practice, there will be no refund. I must inform the Athletics Coordinator, Kristy Rotchadl, with a written/typed documentation of my decision or I will continue to be billed for the remainder of the season. Late fees apply.
- I understand** that if I am unable to participate due to a medical circumstance, I will provide a doctor's note that will be turned in to the LEEP office no late than 1 week after ending participation.
- I understand** that as an athlete in a team sport my participation at the Area and State tournaments is mandatory. If I am unable to attend, LEEP will be informed by the first week of practice and I will not be able to attend.
- I understand** that if I do not attend the Area or State tournament without informing LEEP, I will not receive any refund and my participation in future team sports will not be guaranteed.
- I understand** that there are scholarships available that can help relieve any financial burden.
- I understand** this agreement slip must be signed and turned in the first day of practice. If I do not turn this slip in, I cannot practice until I have given it to a LEEP coach.

Responsibility for My Actions

This agreement has been created in ALL LEEP athletes' best interest. It is our goal to make LEEP Special Olympics a success and enjoyable for everyone and to ensure every person is able to participate and compete in a safe and welcoming environment. Thank you for your cooperation throughout this LEEP Special Olympics sporting season.

LEEP Participation Contract | 2015

Half sheet is due to LEEP *no later* than **Wednesday, September 2, 2015.**

I understand that it is a privilege to participate in LEEP Special Olympics and not a right. I also understand that if I do not follows the rules stated in this contract, the LEEP delegation or Special Olympics Minnesota may not allow me to participate.

Athlete Name (*Please Print*): _____ Date: _____

Athlete Signature: _____ Date: _____

Staff/guardian signature: _____ Date: _____

2015 Bowling Participation Contract

LEEP Participation Contract | 2015

Half sheet is due to LEEP *no later* than **Wednesday, September 2, 2015.**

I understand that it is a privilege to participate in LEEP Special Olympics and not a right. I also understand that if I do not follows the rules stated in this contract, the LEEP delegation or Special Olympics Minnesota may not allow me to participate.

Athlete Name (*Please Print*): _____ Date: _____

Athlete Signature: _____ Date: _____

Staff/guardian signature: _____ Date: _____

2015 Bowling Participation Contract