



CATHOLIC SCHOOL ATHLETIC ASSOCIATION
1949 GOLDSMITH LANE, SUITE 101, LOUISVILLE, KY 40218
456-2722 /e-mail info@loucsaa.org

CSAA Election to Participate Form

The Parish/School of _____ elects to participate in one or more of the below listed Catholic School Athletic Association sponsored sports:

<u>Sport</u>	<u>Dates</u>
1) Volleyball (Girls)	July 15 - October
2) Football	July 15 - November
3) Cross Country	October (one time event)
4) Basketball (Boys and Girls)	October - February
5) Volleyball (Boys)	February - March
6) Swimming	March (one time event)
7) Softball	March - May
8) Soccer	March - May
9) Track	March (one time event)
10) Baseball	April - June
11) Field Hockey	April - June
12) Golf	June (two day event)
13) Tennis	June (one week event)
14) Fun Events (Track, CC, Tennis)	TBD

I understand the sports listed on this form are **the only official CSAA sponsored sports**. Participation by student athletes in your parish/school in any other (parish sponsored) sports are not managed by the CSAA. Insurance coverage through Catholic Mutual may vary on any sporting events not sponsored by the CSAA

I appoint and designate _____ as the Athletic Director for our parish/school regarding CSAA sponsored sports for the 2014-2015 school year/athletic season. I direct that he/she comply with and enforce the rules, regulations, policies and directives of the CSAA and the Archdiocese of Louisville Finance Office.

Pastor Signature _____

Acceptance of Appointment

I accept the appointment of Athletic Director of _____. I further agree to comply and require compliance of our coaches regarding CSAA rules, regulations and policies. My appointment is for the 2014-2015 athletic season and should I decide to resign my position, I will immediately advise my Pastor and the CSAA office.

AD Signature _____ e-mail _____ cell # _____