

**SCHOOL SPORT ALBERTA**  
Completion required by School Principal in order for  
school athletic teams to access competition in any SSA sport



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**ACKNOWLEDGMENT AND AGREEMENT (Principal) School Year:** \_\_\_\_\_

WHEREAS Alberta Schools' Athletic Association operating as School Sport Alberta ("SSA") is a voluntary, non-profit organization that has been established to coordinate a program of worthwhile athletic activities for the young people of Alberta in an educational setting;

AND WHEREAS \_\_\_\_\_ [NAME OF SCHOOL] is one of more than 400 member high schools which together ultimately determine the policy of SSA through representation on the Board of Governors of SSA;

AND WHEREAS \_\_\_\_\_ [NAME OF SCHOOL] is also a member of the North Central Zone which also has Bylaws, Rules and Policies which govern the participation of \_\_\_\_\_ [NAME OF SCHOOL] in athletic activities;

AND WHEREAS it is acknowledged that it is the responsibility of the Principal of \_\_\_\_\_ [NAME OF SCHOOL] to ensure that all of its administrators, coaches and student athletes and their parents are informed of the Bylaws and Policies of SSA and North Central Zone;

AND WHEREAS it is not in the best interests of any of the student athletes who are served by the work of SSA and North Central Zone for them to spend resources responding to court applications brought by individual student athletes, their parents or guardians;

I, \_\_\_\_\_ [NAME OF PRINCIPAL], acknowledge and agree as follows:

1. All personnel of \_\_\_\_\_ [NAME OF SCHOOL] including volunteer coaches will abide by all of the Bylaws and Policies of SSA and North Central Zone.
2. \_\_\_\_\_ [NAME OF SCHOOL] will accept the outcome of any appeal process available through SSA or North Central Zone or any decision by them regarding any matter concerning an athlete registered as a student at \_\_\_\_\_ [NAME OF SCHOOL] or a coach of a \_\_\_\_\_ [NAME OF SCHOOL] team as final and binding on the administration of \_\_\_\_\_ [NAME OF SCHOOL] except where I, as Principal of \_\_\_\_\_ [NAME OF SCHOOL] have a reasonable belief that there are grounds for a judicial review of the outcome, in which case I will provide SSA or North Central Zone a written explanation of the basis for that belief (including the basis of the belief that the decision is subject to judicial review) within 5 clear weekdays from the receipt of the decision on the outcome of the appeal. Any application for judicial review regarding that decision must be commenced within 15 clear weekdays of the receipt of the decision on the outcome of the appeal.
3. All athletes registered as students at \_\_\_\_\_ [NAME OF SCHOOL] and their guardian will acknowledge in writing prior to participation in competition by that student that any outcome of any appeal process of SSA or North Central Zone is final and binding upon the student athlete and that any application for a review of that decision by a Judge in a court of law must be brought by the administration of \_\_\_\_\_ [NAME OF SCHOOL] failing which \_\_\_\_\_ [NAME OF SCHOOL] will oppose the application for review.
4. On request, \_\_\_\_\_ [Name of School] will provide a copy of any acknowledgement by the student and their guardian referred to in paragraph 3.
5. We have had an opportunity to review the Bylaws and Policies of SSA and NC Zone which are available for our review at: -- [schoolsportalberta.ca](http://schoolsportalberta.ca)  
And in particular have read and understand the obligation of full and honest disclosure set within SSA policy handbook.
6. Membership in SSA and North Central Zone is a privilege and not a right. Any violation of the Bylaws or Policies of SSA or North Central Zone or of the terms of this Acknowledgment and Agreement may be cause for the expulsion of \_\_\_\_\_ [NAME OF SCHOOL] from SSA or North Central Zone or both.

[Note: SSA Bylaws Article II 4. states that upon a 75 percent majority vote of the provincial Board of Governors at a general meeting, any member can be expelled from the SSA for any cause that the Board of SSA may deem reasonable]

\_\_\_\_\_  
Principal Name (print)

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

**Print, Sign, Scan and return signed form to the North Central Zone Manager**