2025 – 2026 Parent Athletics Contract

As parent(s)/guardian(s) ofand agree with the Student Athlete Contract. I/We agree to the following:	(athlete), I/we have read By signing the Parent Athletics Contract
	it pertains to ineligibility from Sports. ool's implementation of the eligibility
	in the way I choose to speak and interact our competition. I agree to follow the e Parent/Student Handbook.
3. I will make every effort to have my stugames unless I have been granted a and coach. I will communicate any advance to coaches.	The state of the s
4. I understand that it is not appropriate playing time, or decision making dugame.	
5. I understand that SJCS does not prov I will work with other teammates an has a ride, and help others with carp	nd parents to ensure my student athlete
6. I will arrive promptly to pick up my st games. Student athletes that are no Extended Care and will incur norma	ot picked up on time will be checked into
7. I understand that playing time is not best effort to give as many athletes may be times when my student ath	a chance to play as possible, but there
8. I understand the \$100 participation for eligible payment. If another payme Business Manager at the beginning	nt option is needed, I will contact the
9. If my student athlete does not return after the season, I understand I will replacement costs.	all school owned jerseys and equipment be responsible for associated
Parent Signature	Date

Waiver and Consent Statement

In consideration of my child participating in the activities of San Jose Christian School athletics, I do hereby affirm my child to be medically able to participate in the activities offered by San Jose Christian School athletics. I understand that there are risks, which may include disabling injury and/or death involved in all physical activities undertaken.

Release and Waiver of Liability:

I hereby agree, both on my behalf individually as a parent and on behalf of my child, to hereby release and to indemnify and hold harmless San Jose Christian School, its agents, officers, directors, employees, and any other organization co-sponsoring the program or activities, from and against any and all injuries or damages which I or my child may suffer for any claims of negligence or alleged negligent act(s) or omission(s) arising out of or in any way connected with my or my child's participation in the program, event(s) or any activities related thereto. I have read this paragraph and understand and agree that this is a Release and Waiver of claims both on behalf of myself and my child and that I am relinquishing rights by signing this agreement and have done so voluntarily.

Proof of Accident Insurance

Athletes are required to have accident insurance coverage. A proof of insurance form is provided below and must be filled out in order to participate.

	is covered by our family medical plan.
Student Name	
	<u> </u>
Insurance Company	Policy Number
"I, the undersigned, understand and agree	to all of the conditions laid out in
the SJCS Athletic Handbook and this Paren	t Sports Contract."
Parent Signature	 Date