

2020 – 2021 Parent Athletics Contract

As parent(s)/guardian(s) of _____ (athlete), I/we have read and agree with the Student Athlete Contract. I/We will support our son/daughter and the coaches in both the eligibility and athletic areas. We note that a game schedule will be given out at the beginning of the season. I understand that practices will end no later than 5:00 PM, unless a coach notes earlier, and that athletes not picked up by 5:15 PM (or 15 minutes after practice ends) must sign in to Extended Care. On game days, I will be at school at the time designated by the coach to pick up my child, or I will make arrangements for my child to be picked up at that time.

I/We understand that our child must have a completed Physical Evaluation Form turned in to the Athletic Director before he/she is allowed to participate in both practices and games. We understand that it is our responsibility to read over and explain the SJCS athletic policies with our child(ren). We understand that it is our duty to take care of any uniform or equipment issued to our child(ren) until it is to be handed in. We understand that there are rules and regulations to every athletic endeavor, and we will support the coach regarding decisions made about our son/daughter. We will discuss any disagreements in accordance with the guidelines in this handbook. We understand that carpooling is necessary and that because of this, we may be asked to drive. We further understand that should we volunteer in any capacity, adherence to the Volunteer Handbook and its policies is required.

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. I agree to hold free from all liability San Jose Christian School, its staff and volunteers, and do hereby for my child, heirs, executors, and Administrators waive, release, and forever discharge any and all rights and claims for damages, which may occur to my child during participation in any of the activities of San Jose Christian School. I acknowledge the particular hazard and potential danger involved in my child's participation in the sports program at San Jose Christian School.

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

Insurance Company

Policy Number

"I, the undersigned, understand and agree to all of the conditions laid out in this Parent Sports Contract."

Parent Signature

Date