

2022 – 2023 Parent Athletics Contract

As parent(s)/guardian(s) of _____(athlete), I/we have read and agree with the Student Athlete Contract. By signing the Parent Athletics Contract I/We agree to the following:

- ___ 1. I have read and understand the academic and behavioral discipline section of the Parent/Student Handbook as it pertains to ineligibility from Sports. My student must maintain a 2.0 GPA and have no individual grades lower than a C- (70%) in order to participate. Grade checks are run weekly, and student athletes who fail to meet the grade requirements will be ineligible to participate for the remainder of that week.
- ___ 2. I will demonstrate my Christian faith in the way I choose to speak and interact with coaches, officials, parents, and our competition. I agree to follow the guidelines for communication in the Parent/Student Handbook.
- ___ 3. I will make every effort to have my student athlete attend all practices and games unless I have been granted an exception by the athletic director and coach. I will communicate any missed practices at least 24 hours in advance to coaches.
- ___ 4. I understand that it is not appropriate to approach a coach about strategy or decision making immediately following a game.
- ___ 5. I understand that SJCS does not provide transportation to and from games. I will work with other teammates and parents to ensure my student athlete has a ride, and help others with carpooling when possible.
- ___ 6. I will arrive promptly to pick up my student athlete at the end of practice or games. Student athletes that are not picked up on time will be checked into extended care.
- ___ 7. I understand that playing time is not guaranteed. Coaches will make their best effort to give as many athletes a chance to play as possible, but there may be times when my student athlete doesn't get to play.
- ___ 8. I understand the \$75 participation fee will be added to FACTS on the next eligible payment. If another payment option is needed, I will contact the Business Manager at the beginning of the season.
- ___ 9. If my student athlete does not return all school owned jerseys and equipment after the season, I understand I will be responsible for associated replacement costs.

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. 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 the SJCS Athletic Handbook and this Parent Sports Contract."

Parent Signature

Date