



PARENT/STUDENT ATHLETIC AGREEMENT

**STUDENTS' NAME:** \_\_\_\_\_

Please **initial** each line.

\_\_\_\_\_ I am in agreement and willing to support the terms regarding the athletic department and programs at Valley Christian Academy (VCA).

\_\_\_\_\_ I understand this form gives my students' permission to participate in athletic programs at VCA.

\_\_\_\_\_ I understand I am responsible for all information on the Intramurals and/or Middle School Athletics web page.

\_\_\_\_\_ I understand sports are competitive and injuries may occur. I understand I **am required to read and return the Parent/Athlete Concussion Information Sheet** and follow the Concussion Protocol if needed. I agree not to pursue legal action against VCA, or any of the coaches should my son/daughter become injured as a result of participation.

\_\_\_\_\_ I agree to pay the amount designated on the website for each sport. I further agree to pay for any damages made to uniforms and/or equipment.

\_\_\_\_\_ I recognize that students' are **required** to wait in Extended Student Supervision (ESS) to be picked up after practice is over. \*There is an additional charge for ESS.

\_\_\_\_\_ I understand the participation in athletic programs is a privilege. I further understand if my son/daughter chooses not to following instruction from the coaches, he/she will not be permitted to continue and the fee will not be refunded.

\_\_\_\_\_ I am aware that my son/daughter may be photographed and/or name published in the media. Media includes newspaper, newsletters, programs, brochures, VCA's website or any other type of format by any organization.

**STUDENT SIGNATURE:**

\_\_\_\_\_  
\_\_\_\_\_

**DATE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**PARENT SIGNATURE:**

\_\_\_\_\_

**DATE** \_\_\_\_\_