



PARENT/STUDENT HANDBOOK AGREEMENT

STUDENT(S) NAME: _____

Please initial each line.

_____/_____/_____ I am in agreement and will 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 School Athletics web page.

_____/_____/_____ I understand sports are competitive and injuries may occur. I acknowledge **I am responsible** for the **Parent/Athlete Concussion and Sudden Cardiac Arrest information** located on the Intramural page and will **turn in a copy** along with this Permission Form. 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.

Valley Christian Academy does not discriminate on the basis of race, color, gender, or national origin in the administration of its admissions policy, educational or other school-sponsored programs or financial obligations or aid.

STUDENT SIGNATURE:

DATE _____

DATE _____

PARENT SIGNATURE:

DATE _____