

**Calvary Christian School  
Parent/ Athlete Contract**

My child, \_\_\_\_\_ has permission to participate in the Calvary Christian School Athletic Program for the year \_\_\_\_\_.

I have read the athletic Handbook and understand that I must maintain the minimum academic requirements.

I understand that participating in an after school sport may have an impact on family mealtime, other outside athletic events, as well as study time.

I understand that quitting the team is something the coaches highly discourage, and may result in my child being ineligible to play at CCS during the next athletic season.

I understand that I hold Calvary Christian School and its employees harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity.

In the event of any illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

Athlete Signature \_\_\_\_\_.

Parent Signature \_\_\_\_\_.