

Participant Name		Grade	
Date of Birth		Contact email	
Address			
City	State	Zip	
Parent Name		Phone	
Emergency Contact Name		Phone	
Participation FeeVCS Student: \$120Family maximum: \$360Home-Schooled Student: \$150Family maximum: \$450			
Enclosed Participation Fee:			
<b>Behavior Policies</b> Please read and discuss the Athletic Handbook (available at <u>www.</u> We have read the Athletic Handbook and agree to comply with th			
Parent Signature Date	Student Signa	·	
	Student Signa	ture Date	
Concussion Awareness Parents: please read the Concussion Fact Sheet for Parents (availa	ble at www.valle	y-christian.org/sports/).	
I have read the Concussion Fact Sheet for Parents and am aware o has a concussion.	f the symptoms a	and actions I should take if I suspect my child	
Parent Signature Date			
<ul> <li>Home-Schooled Student Certification</li> <li>Valley Christian School and the Christian Athletic League allow the particip if they meet the following requirements: <ul> <li>The student is taking courses at home or through a home school</li> <li>The student is not enrolled in any college or vocational courses courses they are enrolled as a home-schooled student.</li> <li>The student is not enrolled in courses at any other public, chart</li> <li>The student has not attended practices or tried out for any other The student is making satisfactory progress towards graduation</li> </ul> </li> </ul>	ol co-op. outside the home er or private schoo er public, charter, p	other than PSEO courses. If enrolled in PSEO I.	

The Christian Athletic League may allow exceptions to these requirements in special circumstances. Please contact the school office if your student does not fully meet these requirements.

I certify that my home-schooled student meets the above requirements for participation with Valley Christian School athletic teams.

Parent Signature

Date