Soccer



Participant Name	Grade			
Date of Birth				
Address				
City		State	Zip	
Parent Name			Phone	
Emergency Contact Name			Phone	
Participation Fee VCS Student: \$120 Home-Schooled Student: \$150	Family maximum: \$360 Family maximum: \$450			
Please read and discuss the Athletic Har We have read the Athletic Handbook ar		e behavior and o	conduct policies.	Date
Parent Signature Concussion Awareness and Consen		Student Signa	ature	Date
Parents: please read the Concussion Fac	ct Sheet for Parents (availal	ble at <u>www.valle</u>	ey-christian.org/sports/).	
I have read the Concussion Fact Sheet for has a concussion.	or Parents and am aware o	f the symptoms	and actions I should take	if I suspect my child
In case of an emergency, the athlete I am reg hospital to give care to whatever emergency Valley Christian School.		-		
Parent Signature	Date			
Home-Schooled Student Certification Valley Christian School and the Christian Ath if they meet the following requirements: • The student is taking courses at h • The student is not enrolled in any courses, they are enrolled as a ho	letic League allow the particip ome or through a home schoo college or vocational courses	l co-op.		

- The student has not attended practices or tried out for any other public, charter, private, or home-school team.
- The student is making satisfactory progress towards graduation.

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

933-A 248th Street • Osceola, WI 54020 (715) 294-3373 • <u>www.valley-christian.org</u>