



Imagine South Lake
Home of the 'Warriors'
AN IMAGINE SCHOOL

After-School Parent Contract

I _____ am giving my son/daughter permission to participate in athletics at Imagine Schools at South Lake.

I have read the student/athlete contract and the Lake County Notification of Risk Agreement and will abide with the rules.

I will promote good sportsmanship, respect, and fair play while in attendance at any sporting event.

We are aware of the responsibilities of participation in extracurricular athletics. We also realize the risks involved and that there is the possibility of injury.

Practices will be after school, (practice times TBD). If you are late there will be a \$5 charge for every 15 minutes for your child will be placed in our after-care program. Please be thoughtful of our volunteer coaches.

Games/meets will be start at 5:30 and usually are one hour long (4:30 on Wed.)

Imagine South Lake is not responsible for payment of medical bills for injuries incurred while playing interscholastic athletics. Families are required to provide a copy of the proper medical coverage on those students who participated in our program. If a student does not have medical coverage, the school can provide information on inexpensive student accident insurance plan.

Parent Name (Print)

Student Name (Print)

Phone Number

Parent Name (Signature)

Student Name (Signature)

Date

Email Address

Emergency Contact Number