

High School Contract



Players Name: _____

Please Check Appropriate Team Box

National Black

Regional Red



Player Expectations / Team Rules

We expect players to always show respect and sportsmanship for all players, coaches, parents and officials.

- Always handle yourself with class and integrity.
- To be prepared, committed, and dedicated to this basketball program.
- Help maintain and promote an up-beat practice tempo.
- Never walk between drills, practice segments or any time while on the court.
- Attend practice / game, be on time and wear appropriate team gear.
- Communicate with the head coach when a player is not going to attend practice or games.
- Take care of and respect all gear, facilities, and equipment.
- Refrain from conduct on and off the court that does not positively represent Cal Sparks South Basketball.

Parent Expectation: Parents, one or both, are your best child's role model:

- Observe proper basketball court etiquette during games and practices, do not instruct from the stands.
- Have your child to practice and games on time.
- Attend your child's games as often as you can.
- Parents are welcome to meet with the head coach to identify any conflicts, excluding team tactics, strategy, rotations or playing time. Items of concern will be listened to and addressed,
- All Issues and concerns will be dealt with in confidence.
- We are available by email, cell phone or appointment.
- 24 Hour advanced notice on all meetings.
- Observe the 24-hour contact rule after games. For best results please wait 24 hours after a game before contacting a coach about issues and concerns.
- Support the Cal Sparks South Basketball Programs.

Mary Rossignol
Cal Sparks - South

Players Name + (sign):

Parents Name + (sign):



PARENT RELEASE FORM AND PLAYER INFORMATION

Athlete's Name: _____ Age: _____
School Attending: _____ Grade: _____
Parents Name: _____ Home Phone: _____ Cell Phone: _____
Email: _____
Address: _____
Emergency Contact: _____ Phone: _____
Medical condition we should be aware of: _____
Medical Insurance Carrier: _____ Phone: _____
Policy Number: _____ Group Number: _____

Emergency Authorization: I give permission to the medical personnel selected by Cal Sparks South to order X-rays, routine tests for my child in the event I cannot be reached in an emergency. I give permission to the physician selected by Cal Sparks South to hospitalize, secure treatment for, and to order injection and / or surgery for my child as named on the registration form. I hereby waive and release Cal Sparks South and their employees, Mary Rossignol, and any of their Staff from all liability for any injuries or illness incurred while my child is participating in any sport activity associated with basketball teaching including weight training, stretching, drills, and games. I will be responsible for any medical or other charges in connection with my child's attendance. I know of no mental or physical problem that may affect my child's ability to safely participate in this program.

Signature of Parent / Guardian: _____

Date: _____

PAYMENT AGREEMENT

National Black = \$2,400 – Installments (\$1,200 & \$1,200) – In Full \$2,350
Regional Red = \$1,900 – Installments (\$950 & \$950) – In Full \$1,850

Full Payment or 1st installment due 3/2/26; 2nd installment due 4/6/26

payable on Venmo: @CalSparksSouth
Contract Period: March 9P – July 27, 2026

Fees: Includes:

- 1. Instruction – Practice Time and Facility Rental
- 2. Coaching Staff
- 3. Tournaments

Not Included: \$175.00

- 1. Team Uniform
 - a. Top
 - b. Short
 - c. Bag



Fees are non-refundable





**WAIVER OF LIABILITY AND
INDEMNITY AGREEMENT**

Name of Athlete: _____ Date: _____

School Athlete Attends: _____

Name of Association / Club: Cal Sparks South

Name of Association / Club Supervisor(s): Mary Rossignol

Name of team: Cal Sparks South

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

The undersigned hereby releases, waives, discharges and covenants not to sue Cal Sparks South, the team, employees, members and coaches (hereinafter referred to as "releases") from all liability to the undersigned, their personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, while the undersigned participates on this sports association / club athletic team.

The undersigned hereby agrees to indemnify and hold harmless the releases and each of them from any loss, liability, damage or cost they may incur due to the participation of the undersigned in the athletic program, field trip or excursion, sponsored, planned, and directed by Cal Sparks South.

The undersigned hereby assumes full responsibility for and risk of bodily injury, death, or property damage while participating in the sport association / club athletic team.

The undersigned further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held, invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Parent / Guardian (print name): _____

Parent / Guardian Signature: _____ Date: _____

Employee / Non-Employee (print name): Mary Rossignol

Employee / Non-Employee Signature: _____



Photo – Media – Web Release

I (Athlete's name) _____ do hereby give Cal Sparks South the right to use my name, picture, portrait, video or photograph in all forms and media and in all manners, including composite or other representations, for use in Cal Sparks South only publications, web media site(s), social media and alike.

Athletes Signature: _____

Address: _____

Email: _____

Telephone: _____ Date: _____

_____ Additionally, I authorize the right to use my name,
(Please initial) picture, portrait, or photograph on any or all Cal Sparks South web sites.

MINOR CONSENT

I am the parent and guardian of the minor named above and has the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

Full Name (please print): _____

Signature: _____

Address: _____

Telephone: _____ Date: _____

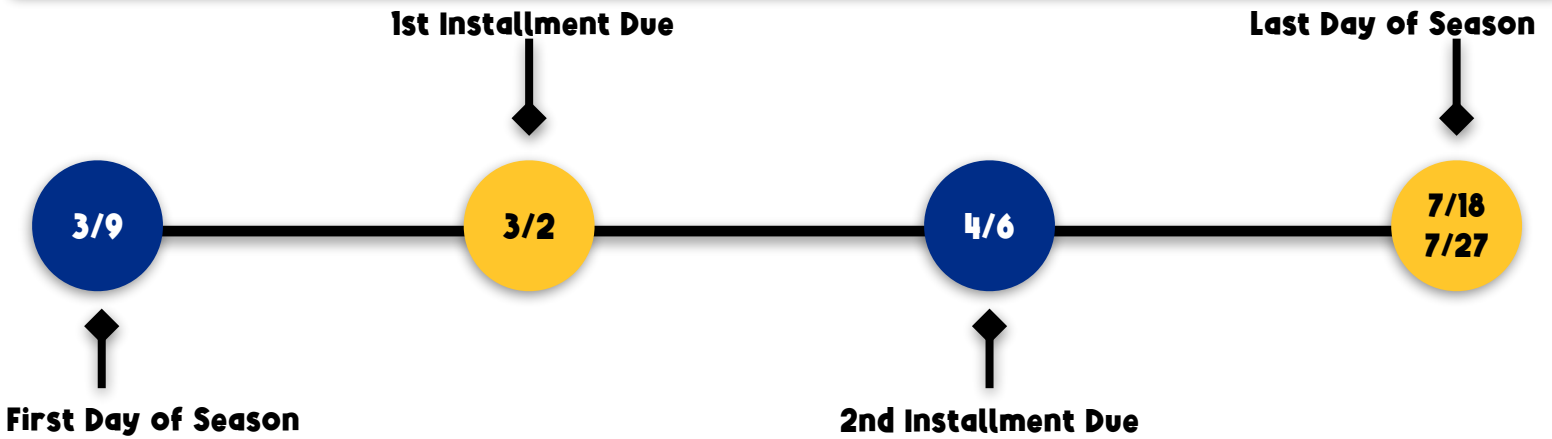


2026 High School Spring/Summer Information

Important Spring/Summer Information

- Season runs from March 9th through July 18th/27th
- Tournament and Practice Schedule's will be released when teams are finalized.
- Each team will be in two tournaments a month, have practice two days a week & we are offering a HS skills clinic/open gym once a week.
- Program expects to field 3 to 4 teams.
- Fee structure is outlined below. Prices will vary based on each team:
 - NATIONAL TEAMS = INSTALLMENTS - \$2,400 (\$1,200 \$1,200) - IN FULL - \$2,350
 - LOCAL TEAMS = INSTALLMENTS - \$1,900 (\$950, \$950) - IN FULL - \$1,850
- \$175 - for Uniform and Backpack

Payment Schedule



Payment Method

Use our QR Code To Venmo
@CalSparksSouth



Please Visit the Cal Sparks South Website for
Calendar and Additional Information.
www.calsparkssouth.com