



Christ the King School

Parent Permission for Sports Participation

Student Name: _____ **Date:** _____

Name of Parent/Guardian: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

_____ has my permission to participate in
_____ during the school year _____.
(sport)

He/she will be expected to attend all scheduled practices and games. If needed, I understand that my son/daughter is responsible for all equipment/uniforms issued, and if any of the equipment/uniforms issued are not returned in proper condition, I am liable for their replacement value.

In case of emergency if I cannot be reached:

Name: _____ **Phone:** _____

Relationship to student: _____

OR

Name: _____ **Phone:** _____

Relationship to student: _____

If I cannot be reached, I give my permission for the coach or a responsible school representative to have my child treated by a physician.

My child has received a medical release to participate in _____ and he/she has been in good health since, having no accidents or major illnesses.

Please indicate any allergies or health conditions that we should be aware of:

Parent Signature: _____ **Date:** _____