

CHICAGO PUBLIC SCHOOLS
Sports Activities

Parent Consent Form

To whom it may concern:

Name of Student _____ has my permission to participate in the school sports program. I am aware that the program involves physical activity. I realize these activities will take place during lunch hour as well as after regular school hours.

I understand that _____ Name of Student _____ will be under the supervision of an adult staff member/coach, and is expected to conduct him/herself properly at all times. I assure you that he/she will continue to consistently complete all school issued assignments and homework assignments consistently. I, the undersigned do waive all liability as I participate in the CPS Staff Basketball League. I also assume full responsibility for any injuries I might incur while participating.

Parent Signature _____ Date: _____

_____ Date: _____
(Participant's Signature)

(Participant's Name Printed)

PLEASE COMPLETE AND FORWARD THIS FORM TO THE SCHOOL'S MAIN OFFICE