

CHICAGO PUBLIC SCHOOLS
DEPARTMENT OF SPORTS ADMINISTRATION
ELEMENTARY SCHOOL SPORTS PROGRAM

PARENTAL CONSENT FORM

Dear Principal:

_____ has my permission to participate in the
(NAME OF STUDENT ATHLETE)
Elementary School Sports Program. I am aware that this program requires practice
sessions, tournament participation, and travel. I realize that these activities are
scheduled during the week, after regular school hours, and sometimes on Saturdays. I
understand that _____ will be under the supervision
(NAME OF STUDENT ATHLETE)
of the school coach and is expected to conduct himself/herself properly at all times. I
assure you that he/she will continue to complete all classroom and homework assignments.

Sincerely: _____ Date: _____

(Signature)
Relationship to student Parent Guardian Other _____

Phone Number(s): Home# _____ Mobile# _____

Emergency Contact(s) Name: _____

Phone Number(s): Home# _____ Mobile# _____

PLEASE COMPLETE AND FORWARD THIS FORM TO THE SCHOOL OFFICE