

Parent Permission Form

Name of Student _____ Date _____

I, _____, consent to have my
Name of Parent or Guardian
son/daughter, _____, participate in the activity/activities that I have checked
Name of Student
during the Union School District #81 2021-2022 academic year.

	CROSS COUNTRY (5th - 8th)
	CO-ED BASKETBALL (6th - 8th)
	CO-ED VOLLEYBALL (6th - 8th)
	BOWLING (5th-8th)

As his/her parent or legal guardian, I realize that I must present to the school proof of my child's current physical before he/she can participate in any practices or games.

My signature at the bottom indicates that I am providing permission to allow the school to transport my child, via school bus, to and from games and I am responsible for providing transportation for my student from practice and after games.

Signed _____
Signature of Parent/Guardian Date

Emergency information: In the event of an emergency it is essential for us to be able to contact parents quickly. Please fill in the following information for your coach:

In case of emergency contact:

Name	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

If I cannot be reached in an emergency, and if in the judgement of the school authorities, immediate/hospital attention is indicated, I authorize responsible school authorities to accompany my child to an available hospital.

Signature of Parent/Guardian