

CHICAGO PUBLIC SCHOOLS
DEPARTMENT OF SPORTS ADMINISTRATION
ELEMENTARY SCHOOL SPORTS PROGRAM

PARENTAL CONSENT FORM

PLEASE COMPLETE AND FORWARD THIS FORM TO THE SCHOOL OFFICE.

Dear Principal:

_____ has my permission to participate in the
(NAME OF STUDENTATHLETE)
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 STUDENTATHLETE)
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 _____

Please write **LEGIBLY** and **CAREFULLY**. This information will be used to contact you regarding all manner of scheduling and sports emergencies relating to your child. Thank you.

Sport: _____

Gender (circle one): **Female** **Male**

Print Student Name (First and Last): _____

Homeroom number: _____

Date of Birth (MM/DD/YEAR): _____

Grade (Circle one): **5** **6** **7** **8**

Student ID Number: _____

Parent/ Guardian Name (First and Last): _____

Home phone: _____

Cell phone: _____

Email Address: _____

** If your child has been chosen to participate in a Lasalle sport, please note that only participating students may be in the practice areas during practice, and parents must supervise siblings during games. Players should be picked up immediately after practice and games. It is the responsibility of parents to transport students to and from games. Parents may carpool; however, if the students need an early dismissal, and your child is leaving with another parent, you must send a note.