



## Athletic Department Permission Slip

Athlete/Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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I am the parent/guardian of \_\_\_\_\_. I hereby give my permission for said child to participate in VISA/Boys and Girls Club of Harlingen sports during the 2017-2018 academic school year. I understand that a coach or faculty and/or staff of Calvary Christian School will be present during the scheduled sporting events and the regular school rules and rules of conduct will be enforced.

I hereby give my permission for said child to ride with a designated parent, coach, or faculty and/or staff of Calvary Christian to scheduled sporting events if I am unable to provide transportation for my child.

I understand that in the event of an accident or injury to my child, a person from the school will attempt to contact me as soon as possible. If I or the person I have listed cannot be reached, I hereby give my consent for Calvary Christian School to arrange for medical treatment. I understand that I will be financially responsible for any medical treatment or service given to my child.

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

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\_\_\_ I am willing to drive and can transport my child and other individually seat-belted students while participating in a team car pool during the scheduled season.

\_\_\_ My child has permission to ride in the school van and/or vehicle of a designated parent, coach, or faculty and/or staff of Calvary Christian School.

\_\_\_ I will drive and transport my child to all scheduled sporting events during the season.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: All drivers must present a copy of automobile insurance and drivers' license to CCS offices.**