

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 \_\_\_\_\_

Transportation: \_\_\_\_\_

Emergency phone number: \_\_\_\_\_

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**CCF Chess tournament at Gwendolyn Brooks College Prep Academy High School**  
**250 E. 111th Street (11100 South), at Martin Luther King Drive**  
- Sat. Nov. 9 - 8:30a.m.-3:30p.m.

**Each student must have their transportation arranged. I am not allowed to offer rides to any student!** If you have any questions or concerns, please contact me at Bateman (773-534-5055), or [acgeisler@cps.edu](mailto:acgeisler@cps.edu)

Thank you, Mr. Geisler