

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: _____

CCF Chess tournament at Taft High School

6530 W Bryn Mawr Ave, Chicago, IL 60631

- Sat. Dec. 14 - 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

Thank you, Mr. Geisler