

GHS Interscholastic Sports Parent Permission

Today's Date: _____

Your signature indicates that:

You understand the inherent possibilities for injury while competing in a sports program, and being aware of these, give your permission for participation for your son/daughter. **In the event of an emergency and I cannot be reached, I hereby give my consent for my child to be treated.**

Student Name _____ Grade in School 5th

Elementary School: Fabyan Harrison Heartland Mill Creek Western Avenue Williamsburg
Circle elementary School student attends

Student Address _____ City _____

Sports I may be participating in: GHS Cross Country Mile Race

Parent Signature _____ Print Name _____

Home Phone () _____ Work Phone() _____

Cell Phone () _____