

# CHICAGO PUBLIC SCHOOLS

## Sports Activities



Waters Elementary

To whom it may concern:

\_\_\_\_\_ has my permission to participate in the school

Name of Student

**Cross Country program. I am aware that the program involves physical activity. I realize these activities will take place after regular school hours and occasional Saturdays.**

I understand that \_\_\_\_\_ will be under the supervision of an adult staff

Name of Student

**member/coach, and is expected to conduct him/herself properly at all times. I assure you that he/she will continue to consistently complete all school issued assignments and homework assignments consistently. I, the undersigned do waive all liability as I participate in the CPS Elementary Sports Program. I also assume full responsibility for any injuries I might incur while participating.**

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

Email: \_\_\_\_\_

My child has permission to walk home along. \_\_\_\_\_

My child will be picked up by a parent. \_\_\_\_\_

My child has my permission to be picked up by \_\_\_\_\_.

In case of emergency, please contact \_\_\_\_\_ at this phone number

\_\_\_\_\_.

PLEASE COMPLETE AND FORWARD THIS FORM TO THE SCHOOL'S MAIN OFFICE