CHINESE CHRISTIAN SCHOOLS
750 Fargo Avenue
San Leandro, CA 94579
(510) 351-4957

PARENT CONSENT FOR PARTICIPATION IN HIGH SCHOOL INTERSCHOLASTIC ATHLETICS

Student's Name: _____

Address: _____

I (We) realize there is possibility that a child may suffer injury, including permanent paralysis or death, as a result of participation in athletic activities. I further understand that the school disclaims any financial responsibility for the costs of medical treatment, hospitals, ambulances, or paramedics, etc., arising out of or by virtue of an injury to my (our) child while participating in such interscholastic competition or preparation thereof.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the above named student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If the said physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given.

My (Our) above named child has my (our) approval to participate in the following interscholastic sports. (Please use an X).

Basketball _____	Tennis _____
Cross Country _____	Track/Field _____
Soccer _____	Volleyball _____

I (We) acknowledge that before my child can participate in such school-sponsored sport(s) this consent must be executed by me (us) and filed at the school, together with the result of the physical examination indicating that my child is physically fit to participate in such school-sponsored activity. **I also understand that there will be athletics fees: Middle School ($100 per sport) and High School ($200 for the 1st sport, $175 for the 2nd sport and $150 for the 3rd sport). Athletic fees help defray the cost incurred for my child to participate. CCS reserves the right to cancel a program due to lack of interest or resources.**

In an emergency, if the parents cannot be reached, notify:

_____ _____
Emergency Contact Phone

_____ _____
Date Print Name - Parent or Guardian

_____ _____
Telephone Number Signature - Parent or Guardian

Rev. 8/2010