



Permission Slip Fall Sports

Childs Name: _____ Grade: _____

Parent/Legal Guardian Name: _____ Phone Number: _____

<input type="checkbox"/> Volleyball	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Football
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By Signing this document, you consent to the following statements:

1. I, the undersign parent/guardian of the above name child, hereby give my consent for my child to participate in joining Sports for GSCS.
2. I understand that participation in sports activities, including practices, carries a risk of injury, and I acknowledge that my child may suffer a personal injury, property damage, or other loss due to participating in this sport activity.
3. I understand that the school and its organizers, sponsors and staff will take all reasonable precautions to ensure the safety of participants, but cannot guarantee that accidents or injuries will not occur.
4. I confirm that my child is physically fit and able to participate in games and has no known medical conditions that would prevent or limit their participation.
5. I consent to the school taking photographs and videos of my child during the games, and I agree that these images may be used for promotional purposes by the school without any further consent or compensation.
6. Any school discipline/misbehaviors may result in the loss of eligibility for the remainder of the year, season or whichever is deemed appropriate.
7. Grades are checked every Monday by Athletic Director. Any student whose ineligible will not attend any games that week. Student will need to attend tutoring.
8. I have read and understood the terms of this consent form, and I agree to abide by them with my child.

Parent/Guardian Signature: _____ Date: _____