



# Crown Point Christian School Athletics

## Form A

### PARENTAL PERMISSION FORM

We, \_\_\_\_\_ the parents / guardians of \_\_\_\_\_  
(Parent/Guardian Name) (Participant's Name)

give permission for our son/daughter to participate in the Interscholastic Athletic Program. We have read the Interscholastic Athletic Policy and rules and guidelines that may have been developed by the coach and agree to encourage and help our child abide by these rules while participating in the Crown Point Christian School Athletic Program.

We will cooperate fully with all persons and organizations concerned to promote the Interscholastic Athletic Policy of Crown Point Christian School.

We agree to the financial obligations that must be fulfilled to have our son/daughter involved in the Interscholastic Athletic Program and will support the efforts of the Athletic Booster Club with my involvement to help fund the program.

We also understand that failure to follow Interscholastic Athletic Policy or the rules and guidelines developed by the coaches may mean dismissal or suspension from the Athletic Program.

We understand that the Crown Point Christian School will not be held responsible for any accidents or injuries incurred by my son/daughter while at an athletic function, whether at the school or away.

I understand that this permission slip is valid for the entire school year.

Signature: \_\_\_\_\_  
(Parent / Guardian)

Date: \_\_\_\_\_