

EXTRA-CURRICULAR ACTIVITY PARENT PERMISSION SLIP



Parent:

Please complete & return this form, along with the \$100.00 sports fee per child, to the school office.

I, _____, give permission for my child _____

to participate in _____

My signature evidences that I accept general liability for the participation of my child in the activity, club, or sport identified above and that I agree to indemnify and hold harmless Coastal Christian School, its teachers, its sponsors, its governing board, and other participating agents, either jointly or severally, from and against any and all claims, injuries, damages, losses, costs, or causes of action that may arise in connection with this activity, club, or sport.

My signature also evidences that I agree, in the event of a medical emergency, to allow my child to be treated by medical personnel as outlined in my "Emergency Release Form."

Insurance: _____

(Parent Signature)

(Phone)

(Date)

To receive Remind Text Notifications send:

Varsity Soccer: @4a2eek8 to 81010

IV Soccer: @ccsjvs to 81010

Basketball: @86ac4h to 81010

Volleyball: @c884hk to 81010