Name of Home School ISP. PSP, or Group

Parent and Child Last Name

California Home School Sports Program Permission Form

Annual Permission Form valid from June 1, 2011 through June 30, 2012

I give my permission for my son/daughter to participate in the sports of volleyball, cross country, basketball, baseball, softball, and track and field including any related team activities. This includes all participation and all travel to all practices and games under California Home School Sports and the Christian Heritage teams. I understand that there is risk of injury and possibly death that could result from their participation in such activities. I unconditionally do hereby authorize any coach, parent, volunteer, employee, director, or other representative of the California Home School Sports Program, as agent(s) for me, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by a physician, surgeon, or medical staff whether such diagnosis or treatment is rendered at the office of said physician or at a clinic, hospital, or other medical facility. I also acknowledge that I have current medical insurance for my child.

In addition, I, the undersigned, on behalf of myself, my spouse, and my child, shall indemnify, hold free and harmless, assume liability for, and defend California Home School Sports, its directors, agents, employees, officers, coaches, volunteers, and any affiliates from any and all costs and expenses, including but not limited to, attorney's fees, investigative and discovery costs, court costs and all other sums, which California Home School Sports, its directors, agents, employees, officers, coaches, volunteers, and any affiliates may pay or become obligated to pay on account of any, all and every demand for, claim or assertion or liability, or any claim or action founded thereon, arising or alleged to have arisen out of my child's use of real or personal property belonging to California Home School Sports, its directors, agents, employees, officers, coaches, volunteers and any affiliates, or by reason of my child's participation in any California Home School Sports activity. **A copy of this form shall act as an original.**

Child's Last Name _____ First Name _____ Birth Date _____ Age (as of Sept 1, 2011) _____

Father's Name _____

Mother's Name _____

Email Address _____

Email Address _____

Street Address _____

Street Address, **if different** _____

City & Zip Code _____

City & Zip Code _____

Home Phone Number _____

Home Phone Number _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Other Emergency Contact Name _____

Phone Number _____

Family Doctor _____ Insurance Policy # _____ Doctor's Phone Number _____

Please include a copy of your medical insurance card for your child.

Medication/allergies _____

Father's Signature _____ **Date** _____ **Mother's Signature** _____ **Date** _____

We are interested in: ☐ Volleyball, ☐ Cross Country, ☐ Basketball, ☐ Baseball, ☐ Softball, ☐ Track and Field