

Christian Heritage School/California Home School Sports

Athletic Eligibility Card

Sport(s) that child is participating in: _____

_____ Last Name	_____ First Name	_____ M.I.	_____ Grade	_____ Birth Date	_____ Sex (M/F)
_____ Address	_____ City	_____ Zip Code	_____ Telephone Number		_____ Parent/Guardian Names

HEALTH STATEMENT

I hereby certify that the above named student is physically fit to engage in sports:

_____ Physicians Signature	_____ State License Number	_____ Date
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Has the student had any injury or physical condition that should be watched? If yes, please list:

PARENT CONSENT: I hereby give consent for the above named student/athlete to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips. My signature also indicates I understand the Christian Heritage/California Home School Sports Athletic Expectations of my family.

_____ Student Signature	_____ Date	_____ Parent/Legal Guardian Signature	_____ Date
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Consent for Rendering Medical Services

In case of illness or accident and when the school is unable to contact us, we the undersigned parent(s) or guardian of: _____, athlete in the Christian Heritage Sports Program and California Home School Sports League, hereby consent to the giving of any and all emergency, medical hospital and surgical care to said student that may be deemed necessary by any physician or hospital or any official of Christian Heritage or California Home School Sports without obtaining further consent.

_____ Signature of Parent or Legal Guardian	_____ Home Phone #
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_____ Mother's Cell Phone	_____ Mother's Work #
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_____ Father's Cell Phone	_____ Father's Work #
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