

# 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

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 #

\_\_\_\_\_  
Mother's Cell Phone                      Mother's Work #

\_\_\_\_\_  
Father's Cell Phone                      Father's Work #