

# California Home School Sports/Christian Heritage Sports – Permission & Waiver

Annual Permission & Waiver Form valid from June 1, 2021 through May 31, 2022 – only ONCE per year

Print, fill out and mail to: 1632 El Paso Drive, Norco, CA 92860

or scan and email to: [christianheritageknights@gmail.com](mailto:christianheritageknights@gmail.com)

Parent & Child Last Name: \_\_\_\_\_

Athlete is homeschooled 51% of the time. Name of Homeschool PSP, ISP or Group/Charter: \_\_\_\_\_

**Athlete 1**

Athlete's First Name: \_\_\_\_\_

**Athlete 2**

Athlete's First Name: \_\_\_\_\_

Athlete's League Age: \_\_\_\_\_ (As of Sept 1, 2021)

Athlete's League Age: \_\_\_\_\_ (As of Sept 1, 2021)

Medication/Allergies: \_\_\_\_\_

Medication/Allergies: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street Address

City

State

Zip

**MOM:**

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**DAD:**

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**FAMILY DOCTOR:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

I give my permission for son/daughter (athlete) to participate in the sports of volleyball, football, basketball, baseball, softball, cross country, track & field, 100-mile club and any youth fitness programs including any related team activities. This includes all participation and all travel to all practices and games under California Home School Sports (CHSS) and/or the Christian Heritage Sports (CHS) 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 CHSS and/or CHS 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 for the athlete named on this form. I also acknowledge that I have current medical insurance for my athlete.

I also give permission for use of my athlete's likeness, any photos/videos/digital media, including web-based publications (photo), without payment or consideration. I authorize CHSS and/or CHS to edit, alter, copy, exhibit, publish or distribute the photo for any lawful purpose and waive my right to inspect or approve the photo. I waive my right to any compensation related to the use of the photo.

In addition, I, the undersigned, on behalf of myself, my spouse, and/or my child athlete, shall indemnify, hold free and harmless, assume liability for, and defend CHSS and/or CHS, 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 CHSS and/or CHS, 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 CHSS and/or CHS, its directors, agents, employees, officers, coaches, volunteers and any affiliates, or by reason of my child's participation in any CHSS and/or CHS activity.

A copy of this form shall act as an original  I have read the permission/waiver  I agree to pay sports fees on time

Parent Signature: \_\_\_\_\_

Typed or written signature of parent or 18 year old athlete. A copy of this form shall act as an original. I understand that checking this box constitutes a legal signature and confirm that I acknowledge and agree to all of the above Statements.