

Homewood-Flossmoor Parent Consent Form

20 - 20

Print Student's Name _____ School ID # _____ School Year _____

Birthdate _____ Birthplace _____ Grade: 9 10 11 12

Address _____ City/State/Zip _____ Home Phone _____

Father's Name _____ Work Phone _____ Cell Phone _____

Mother's Name _____ Work Phone _____ Cell Phone _____

Guardian's Name _____ Work Phone _____ Cell Phone _____

Physician's Name _____ Address _____ Phone _____

With my signature, I give permission for my child to participate in the following sports at Homewood-Flossmoor High School.

Please check all sports that apply for the male athlete listed above.

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Boys Swim/Dive | <input type="checkbox"/> Fencing |
| <input type="checkbox"/> Boys Basketball | <input type="checkbox"/> Boys Tennis | <input type="checkbox"/> Football |
| <input type="checkbox"/> Boys Cross Country | <input type="checkbox"/> Boys Track | <input type="checkbox"/> Ice Hockey |
| <input type="checkbox"/> Boys Golf | <input type="checkbox"/> Boys Volleyball | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Boys Gymnastics | <input type="checkbox"/> Boys Water Polo | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Boys Soccer | <input type="checkbox"/> Cheerleading | |

Please check all sports that apply for the female athlete listed above.

- | | | |
|--|---|---|
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Girls Golf | <input type="checkbox"/> Girls Volleyball |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Girls Gymnastics | <input type="checkbox"/> Girls Water Polo |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Girls Soccer | <input type="checkbox"/> Ice Hockey |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Girls Swim/Dive | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Girls Basketball | <input type="checkbox"/> Girls Tennis | <input type="checkbox"/> Pom-Poms |
| <input type="checkbox"/> Girls Cross Country | <input type="checkbox"/> Girls Track | <input type="checkbox"/> Softball |

List any health irregularities (Asthma, Allergies, etc.) _____

In case of injury, I give permission to have my child treated by a physician. Yes No

Parent's/Guardian's Signature _____

Date _____