



Central City School #133 COVID Practice/Participation Consent Form

By completing the attached consent form, you are giving your son or daughter permission to voluntarily practice with his/her CCS team(s) during the allotted time frame as outlined by the IHSA, SIJHSAA and by the policies instructed from the IDPH.

My son/daughter, _____, has my permission to practice with his/her CCS team(s) from Jan 1st, 2021 through May 28th, 2021 following the guidelines and policies outlined by the IHSA, SIJHSAA and the IDPH.

My son/daughter has permission to practice with the following CCS athletic teams:

- | | | | |
|----------------------------------|---|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Track | <input type="checkbox"/> Boys Basketball | <input type="checkbox"/> Bowling | <input type="checkbox"/> Scholar Bowl |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Girls Basketball | <input type="checkbox"/> Cheer | <input type="checkbox"/> Volleyball |

Athlete Signature

Date

Parent/Guardian Signature

Date