



Student Full Name: _____

Grade: _____

Parent Consent for Athletics

My child, _____, has my permission to participate in athletic training and events with their school. I/We believe that the reasonable and necessary precautions for safeguarding the students during the practices and athletic contests in accordance with GHTX and TCSAAL guidance are being taken. I/We likewise understand and agree that prevention begins by first conducting self evaluations according to CDC recommendations at home therefore agree to conduct such evaluations with the above-mentioned athlete prior to his/her attendance at school /practice or in games. Beyond this, I/We agree to hold Great Hearts Arlington and it's coaching staff harmless in the event of any injury or illness to my child while he or she is participating in this activity.

In consideration of Great Hearts Arlington permitting my son/daughter to engage in all activities related to the interscholastic team, including but not limited to pre-season conditioning, practicing, or playing in that sport, I hereby assume all the risks of my son/daughter associated with participation and agree to hold Great Hearts Arlington, its employees, agents, representatives, coaches, volunteers, and all facilities harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with his/her participation in any activity related to Great Hearts Arlington athletics.

My child has permission to play in any appropriate sport at Great Hearts Arlington with the exception of _____.

I have read and understand the above agreement, and I give my consent for my child to participate in athletics at Great Hearts Arlington.

Printed Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____ Date: _____

By listing my cell phone number, I give permission to receive texts.

Cell Phone: _____