

Taylor High School ComedySportz Participation Permission Form

I, _____, give permission for my child, _____, to participate in all phases of the Taylor High School ComedySportz Team, including try-outs, practices, and matches. I understand this is a large commitment that will require long hours and great effort on the part of my student, and I am willing to support their full participation.

I understand that no student is guaranteed a spot on the team, and that a student who is given a spot can have it taken away at any time for failure to meet any of the requirements of the team contract, including chiefly proper attendance, maintaining good academic standing, and participating with a positive and productive attitude. I also understand all participation decisions are at the discretion of the sponsor and coach only and are subject change throughout the process.

Student Name: _____ **Grade:** _____ **Birthday:** _____

Home Phone: _____ **Cell Phone:** _____

E-Mail Address: _____

Parent Name: _____

Home Address: _____

Contact Phone: _____ **E-Mail:** _____

Conflicts: List all conflicts that will prevent your student from participating in any of the scheduled CSz events that you wish to have approved. Include the date and time for each conflict.

I understand that the conflicts listed above and that are approved by the director will be the only absences my student is allowed. Only major illnesses and/or emergencies will be excused once team decisions have been made. If such an illness or emergency occurs, I agree I will notify the sponsor as soon as possible so that arrangements can be made. Students often suffer from minor illnesses and stressful school work requirements; however I understand those do not allow a student to miss a practice or match. I will work with my student to help manage their time and health effectively to allow their participation on the team. I also understand the financial commitment on the part of my student to be on the team, which I agree will be provided by the student or myself.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____