

CSL Volleyball Parental Consent Form

I, , as parent/quardian of	
I,, as parent/guardia (PARENT/GUARDIAN NAME - PRINT)	(PLAYER NAME - PRINT)
hereby give permission for him/her to participate in the(YI	CSL Volleyball season.
I understand that my child is responsible for his/her behavior Sports League (CSL) or any of its staff/volunteers responsible participation in the league.	
I agree that in the event of injury or illness, the staff/volur expense in obtaining medical treatment for my child.	nteer in charge may act on my behalf and at my
I understand that my child's signature on the game score sheet will bind him/her to abide by all the rules, as outlined below in the <i>Hold Harmless Agreement: Sportsmanship Contract & Release Form</i> section, and that I will abide by the same rules with my signature below.	
HOLD HARMLESS AGREEMENT: SPORTSMANSHIP CON	TRACT & RELEASE FORM
We desire to have a well-organized, competitive league in an environal players to our league and ask that you contribute to creating and sportsmanship contract. 1. Respect: I will respect the officials an agree with their rulings, I will respect them as people and treat the remember where I am. We compete in a community recreation cerbehavior that tears down the relationships that we are trying to build or bad feelings produced during a game, I will do my best to rapidly with a grudge. The undersigned desires to voluntarily participat activities operated or sponsored by the Christian Sports League (here	maintaining this kind of environment by agreeing to this d supervisors of the league. While I might not always em as I would like to be treated. 2. Remember: I will nter, and I will do my best to refrain from language and ld. 3. Reconcile: In the case of a relational breakdown reconcile with the other person and not leave the game e in various programs, events, trips or sports related
Voluntary participation: I acknowledge that I have voluntarily apprehese activities may be hazardous and do hereby agree to accept ar statement by placing my signature above. I acknowledge that COVI always a risk of exposure during my participation in CSL activit guardians, and legal representatives will not make a claim against, s injury, illness, or damage resulting from the negligence or other acresult of my participation in CSL activities. I hereby release the Cha (CSL) from all actions, claims or demands that I, my assignees, heir have or may hereafter have for injury, illness, or damage resulting from	by and all risks of injury, death, or illness, and verify this D-19 and its variants are highly contagious and there is ies. I agree that I, my assignees, heirs, distributees, ue, or attach the property of CSL and CFF on account of cts, howsoever caused, by any employee or agent as a ng Family Foundation (CFF) and Christian Sports Leagues, distributees, guardians, and legal representatives now
I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAN FULL AND COMPLETE RELEASE FOR ALL INJURIES, ILLNESSES, AN MY PARTICIPATION IN ANY ACTIVITIES. BY SIGNING THIS FORM, AGREEMENT.	D DAMAGES, WHICH I MAY SUSTAIN AS A RESULT OF
Parent/Guardian Signature:	Date:
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