



## CENTRAL HIGH SCHOOL ATHLETICS DEPARTMENT

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### CIF Varsity Level Participation Consent From

I/We hereby give permission for my/our child \_\_\_\_\_ to participate  
in varsity level football competition at Central High School. I/We will not hold CUSD nor  
their employees and coaches responsible for any accident or injury to my child. I/We hereby  
give permission to the attending athletic trainer and coaches to render to my/our child any  
emergency treatment or medical care that might be deemed necessary to the health and well-  
being of the said child. I/We assume full responsibility and liability for all accident, illness,  
injury, or medical expenses of and to my/our child resulting from such participation. I/We  
attest and affirm that the participant has no limitation that should prevent participation in the  
activity and I/we have not been advised or informed by anyone to the contrary.

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Coach Signature: \_\_\_\_\_

Date: \_\_\_\_\_