

Today's Date: _____

Portland Christian Secondary Schools
Student Contact Permission Form for Coaches
2011-12

I give the coaches of my child's team permission to contact them via email regarding team information. Such information may include but not be limited to: game changes, practice changes, team meeting information, etc.

SPORT: (Please circle all that apply)

Baseball
Football
Track

Basketball
Softball
Volleyball

Cross Country
Soccer

Student's Name: _____

Student's Email: _____

Printed Parent Name: _____

Parent Signature: _____

Please include me in all correspondence sent to my student.

Parent Email: _____

Parent Best Cell Phone: _____

Please send information to parents only, not to student listed.

Return to Debi Hanson, Assistant Athletic Director
Fax to 503-256-2773 or Drop off in the High School Office!