

GARRISON UNION FREE SCHOOL DISTRICT
Permission for Sports Participation

I give permission for my child, _____, to participate in the Garrison School Athletic Sport of _____ for the school year _____.

We realize that such activity involves the potential for injury which is inherent in all sports. We acknowledge that despite the best efforts of our coaches, use of advanced protective equipment and strict observances of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death.

Please answer the following questions to update medical history.

WITHIN THE LAST TWELVE (12) MONTHS, did your child:

- | | | |
|--|-----|----|
| 1. have any injuries requiring medical attention? | YES | NO |
| 2. have any illness lasting more than 5 school days? | YES | NO |
| 3. have any surgical operations? | YES | NO |
| 4. have to be hospitalized? | YES | NO |
| 5. Is he/she under a physician's care now? | YES | NO |
| 6. Is he/she currently taking any medication? | YES | NO |

Please explain any "YES" answers:

It is recommended by the New York State Health Department and the school physician that individuals should receive a tetanus (diphtheria) booster every ten years after their initial immunizations. The school physician feels this is particularly important for students participating in the sports program. If your child has received an interim immunization, please submit a verified (signed or stamped by health care provider) copy for our records.

Student's Signature

Parent/Guardian's Signature

FOR SCHOOL USE ONLY:

Date of last physical

School Nurse

School Physician

Permission Statement for Participation in Modified Sports

We have read, understood and agree to adhere to the policies and guidelines outlined in the Garrison Interscholastic Athletic Policy including the following:

Participants in Garrison athletic programs agree:

1. To live up to a high standard of sportsmanship at all times.
2. To be a good host and treat all visitors as guests.
3. To treat opponents with respect.
4. To respect the judgment of contest officials.
5. To avoid profane, abusive and obnoxious behavior.
6. To always set a good example for others to follow.
7. To accept both victory and defeat with pride and compassion, never boasting or bitter.
8. To remember that an athletic contest is only a game.
9. To adhere to the Garrison UFSD's sportsmanship standards.

In addition, I give permission for my child _____ to participate in organized school athletics. I acknowledge that participation involves the risk of injury. In the event of an emergency I consent to emergency transportation and treatment.

Parent/Guardian signature: _____ Grade: _____

Student signature: _____ Date: _____

Parent email address: _____

Person to notify in case of emergency: _____

Phone: home _____ business _____ cell _____

Physician: _____ Phone: _____

Allergies: _____

Other information we should know: _____

Physical Exam: _____