

**SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT
ATHLETIC PERMISSION FORM**

(Please Print)

Name: _____ wishes to participate in interscholastic sports during the
Last Name First Name 20__ - 20__ school year.

Home Address of Student: _____
Street Town State Zip Code

Telephone # _____ Sex: [] Male [] Female Parent's Email address _____

School: _____ Sport: _____ Year of Graduation: _____
Var. J.V. Junior High

Date of Birth: _____ Age _____ Year of Entry into 9th Grade: _____

THE FOLLOWING MUST BE COMPLETED, READ AND SIGNED BY BOTH PLAYER & PARENT(S) OR GUARDIAN(S):

* * * * *

I. Contract Agreed to by Student:

I promise on my honor to obey all school rules and regulations and to conform to the policies laid down by the school administration, athletic department, and the New York State Public High School Athletic Association, Inc. I understand that I will be dismissed from the squad if I do not strive in good faith to achieve the following:

- a) To keep myself in good physical condition and abstain from tobacco, alcohol and illegal drugs including steroids.
- b) To attend all classes faithfully and work to the best of my ability.
- c) To be a credit to my school by conducting myself at all times in a sportsmanlike manner on and off the field.
- d) To abide by all rules and regulations as adopted by the district, school administration, and athletic department.
- e) To refrain from any form of hazing which is prohibited and will result in disciplinary action and/or removal from the team.
- f) It is prohibited and illegal for anyone to place a bet or gamble on a high school athletic contest.
- g) I will not attend or remain at any gathering of students, whether on or off school grounds, where the illegal use of alcohol or any illegal drugs are present.

(Violation of any of the above expectations may result in suspension or removal from the team.)

II. Football Players - Use of Helmet:

DO NOT USE the helmet to butt or spear an opposing player. Sparring, butt blocking and face and head tackling are violations of the football rules. These tactics can cause more severe injury to you than to your opponent (i.e. - permanent paralysis below the neck). The risk of head and neck injury to a player is greatly increased when he uses his helmet as the principal point of contact.

All football players will receive an information sheet explaining both the dangers of using their helmets improperly and the proper procedure for inspecting their helmets before and after each practice and game.

III. Contract agreed to by Parents or Guardians:

T.V., Radio, Internet, or other News Media Release - In signing this permission slip, I hereby acknowledge I have read Board Policy 5591-FERPA (Family Education Rights and Privacy Act) which authorizes the release of certain designated "directory information" from my child's education records. Any restrictions to the release of such designated directory information may be listed below: **Directory information includes Name, Age, Photo, School or other Extra-Curricular Activities, Awards, Honors, and Year of Graduation.**

Restrictions: (If none, leave blank) _____

IV. Contract agreed to by Parents and Students:

Any athletic injury received by the student must be reported to the coach within twenty-four (24) hours so that the appropriate paperwork can be completed. Failure to do so may result in the denial of any available student accident benefits.

* * * * *

We understand the rules and releases. We also realize and accept the fact that participation in all athletics involves the risk of (serious) injury. We hereby consent to our child's or ward's participation in extra-curricular and/or interscholastic athletics.

Date

Parent or Guardian Signature

Student's Signature

Parent or Guardian Signature

**SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT
PRE-PARTICIPATION EVALUATION**

(Please Print)

Student Name: _____ **Grade:** _____
Last Name First Name

Date of Last Physical Examination: _____

You must be examined and approved for interscholastic sports at least once each school year. However, you must be re-examined and re-certified by the **School Physician** and/or school nurse before returning to practice or competition in the event of any of the following circumstances:

Please answer the following questions:

- | | | |
|--|-----|----|
| a. You have been absent from school for five (5) consecutive days, due to illness. | YES | NO |
| b. You had an injury requiring doctor's care since your examination. | YES | NO |
| c. You had an illness requiring doctor's care since your examination. | YES | NO |
| d. You had any head injury with or without loss of consciousness. | YES | NO |
| e. You have sustained a <u>concussion</u> . | YES | NO |
| *Note: NY State law requires that specific protocols be followed prior to returning to practice or competition when a student has suffered a concussion. For more information, go to:
http://www.p12.nysed.gov/sss/schoolhealth/ConcussionManageGuidelines.pdf | | |
| g. You have been hospitalized for any reason. | YES | NO |
| h. You have been evaluated for chest pain or a heart condition. | YES | NO |

If you answer YES to any questions, explain below and present a note from your physician indicating that you are able to participate. Any pupil whose safe participation is in question (as a result of the review of this Pre-Participation Evaluation form) because of any injury or prolonged absence must be re-qualified by the school physician and/or school nurse.

_____	_____	_____	_____	_____	_____
Date	School	Sport	Var.	J.V.	Jr. High
			Circle	One	

Signature of Student

Signature of Parent or Guardian

Signature of Interviewer

Date