

**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. JV 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. Spearing, 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 illness requiring doctor’s care since your examination.  | YES | NO |
| c. Have you tested positive for COVID-19?<br>*If yes, were you symptomatic? Please explain:  | YES | NO |
|  | YES | NO |
| e. Did you have any cardiac symptoms? (fast or slow heart rate, pain, chest tightness<br>blood pressure changes or a diagnosed cardiac condition) If yes, explain: | YES | NO |
| f. Were you diagnosed with Multisystem Inflammatory Syndrome?  | YES | NO |
| g. You have been hospitalized for any reason.  | YES | NO |
| h. You had an injury requiring doctor’s care since your examination.   | YES | NO |
| i. You had a head injury with or without loss of consciousness.  | YES | NO |
| j. 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>

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ Var. J.V. Jr. High  
 Date School Sport Circle One

\_\_\_\_\_ \_\_\_\_\_  
 Signature of Student Signature of Parent or Guardian

\_\_\_\_\_ \_\_\_\_\_  
 Signature of Interviewer Date