

BRUNSWICK CENTRAL SCHOOL DISTRICT
Athletic Participation Agreement

PLEASE RETURN THIS FORM TO YOUR COACH BY THE FIRST PRACTICE.

I, _____, have read and understand my responsibilities and
(print athlete's full name)
the consequences of my actions as written in the 2011-2012 Athletic Handbook and wish to participate in
_____ during the _____ season.
(name sport and level)

Date: _____ Athlete's Signature: _____

I have read the Athletic Participation Agreement and give permission for my son/daughter to participate in an interscholastic athletics program for Tamarac Secondary School under the provisions of the Athletic Handbook as written.

Parent/Guardian name: _____
(please print)

Parent/Guardian Signature: _____
(date)

Home Phone: _____

Work Phone: _____

Cell Phone: _____

To participate in Interscholastic Athletics, students must:

1. Be approved by a doctor to participate on an interscholastic team.
 2. Sign and return the Athletic Participation Agreement
 3. Have a parent/guardian sign the Athletic Participation Agreement granting permission for the student to participate in interscholastic athletics.
 4. Have parent/guardian complete and return the emergency medical form.
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PARENTAL CONSENT/DELEGATION FOR MEDICAL TREATMENT

Parent/Legal Guardian of (name of child) _____ hereby authorizes the personnel of the Brunswick Central School District to grant consent to any physician he or she deems appropriate to conduct the required tests and provide necessary medical treatment/care to the above named child IF I OR MY SPOUSE CANNOT BE REACHED.

Child's Date of Birth: _____

Date of Child's Last Tetanus Immunization: _____

Pertinent Medical Date: (Allergies, asthma, seizures, etc. Also include any medication your child is on relative to the condition.) _____

Medical Restrictions: _____

Parent/Legal Guardian:

Mother's Name: _____

Father's Name: _____

Home Address: _____

Home Address: _____

Home Telephone No.: _____

Home Telephone No.: _____

Place of Employment: _____

Place of Employment: _____

Work Telephone No.: _____

Work Telephone No.: _____

Cell Phone No.: _____

Cell Phone No.: _____

Parent/Legal Guardian Signature: _____

Printed Name: _____ Date: _____

Authorization expires one (1) year from date signed by Parent/Legal Guardian.

ACKNOWLEDGEMENT

STATE OF NEW YORK)

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COUNTY)

On this _____ day of _____ 20_____, before me personally appeared _____, to me known to be the person(s) described in and who executed the foregoing instrument, and acknowledged that he/she (they) executed the same as his/her free act and deed.

Notary Public