



Dear Parent/Guardian:

Your son/daughter wishes to participate in Interscholastic Athletics. NYS law requires that participants have parental permission, provide medical history, receive annual physical examinations by their doctors, and supply evidence of up-to-date immunizations.

This form must be completed and returned to the schools Athletic Director before your child can participate in any interscholastic activities.

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### Parental Permission to Play Sports

To be completed by the parent/guardian

**Student:** \_\_\_\_\_ **D.O.B:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** M/F  
PLEASE PRINT      Last                                      First

**Parent/Guardian:** \_\_\_\_\_ **Home Phone#:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

\_\_\_\_\_

**In the event of an emergency, please call:**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

I hereby give my son/daughter \_\_\_\_\_ permission to participate in interscholastic athletics for the 20\_\_\_/20\_\_\_ school year. I acknowledge that there are risks involved in sport activities.

\_\_\_\_\_ **Date:** \_\_\_\_\_

Parent Signature