



**SLEEPY HOLLOW ATHLETICS
SPORTS PHYSICAL RELEASE**

Today's Date _____

This is to certify that _____ (student name) has my permission to be seen by our district physician for a sports physical, if needed.

Los estudiantes pueden ser atendidos por el médico de la escuela para un examen físico deportivo, si es necesario _____.

Parent/Guardian Signature Date

Athletic Director Signature Date

I understand that Guidelines of The Public Schools of The Tarrytowns Athletic Department require that students ride the provided transportation to and from all athletic games/practices when transportation is **provided**. A departure from this requirement will release the Public Schools of The Tarrytowns and its employees from any and all liability for any adverse results that may occur. This form must be completed and returned to the High School Athletic Office prior to the start of the season or prior to the date of the contest/practice in which the student athlete will be utilizing an alternate means of transportation.. Phone **call** or email **approval** will not be granted.