

South Hackensack Memorial School

These forms must be completed and signed by the student and the parent whether the student is participating in soccer, basketball, cheerleading and/or spring intramurals. **Incomplete forms will be returned.**

Part A Student Sports Emergency Form

Name: _____ Grade: _____ Age: _____

Address: _____ Home phone: _____

Mother's work phone: _____ Father's work phone: _____

Mother's cell phone: _____ Father's cell phone: _____

Provide an emergency telephone number of someone that can be reached at home if you are not available. This person should be available to come in your place. A person who works will not be able to answer their home phone or leave work.

1. Name: _____ Telephone #: _____

2. Name: _____ Telephone#: _____

Physician's Name: _____

Physician's Address: _____

Physician's Phone: _____

Part B: Sports Permission Slip

The sports permission slip must be signed by parent and student.

Student Section:

I request permission to practice and participate in the following sports:

_____.

I will be responsible for and return all equipment loaned me by the school.

Student signature: _____ Date: _____

Parent Section:

My son/daughter _____ has my permission to play or
(print name)

practice in the school activity mentioned above. I also give my son/daughter permission to attend all practices and games during the season, both at Memorial and at other schools on our schedule.

While I expect school authorities to exercise reasonable precaution to avoid injury, I understand that physical hazards may be encountered in these activities, and I waive all claims, remunerations, reimbursements or any other expense in case of physical injury in this activity, and in all arrangements incidental thereto.

We have purchased available student insurance: _____ Yes _____ No

We have family hospitalization/insurance: _____ Yes _____ No

Parent/Guardian's Signature: _____ Date: _____