

PINE VALLEY CENTRAL SCHOOL DISTRICT
ATHLETIC PERMISSION FORM

I, the parent/guardian of _____
(student) (grade)

hereby grant him/her permission to be a candidate for the _____
(Level: V/JV/MOD/FROSH)

_____ at Pine Valley Central School District.
(team)

We recognize the necessity of a thorough conditioning period during the early part of the season to prepare athletes for competition, and to reduce possibilities of serious injuries.

We understand that he/she will be expected to attend practice sessions regularly as scheduled by the team coach. Transportation will not be provided by the school after these practices.

It is not the policy of the school to bar a student from an athletic squad for any reason which would not bar them from an academic class or other school activity except for recognized eligibility rules. While it is strongly recommended that athletes be covered for injuries by their own accident insurance policy, a student will not be barred from participation without it. The school does carry an accident insurance policy on athletes, which, in the event of medical costs resulting from a student's accident, will provide partial reimbursement or will supplement the family's insurance coverage.

_____ Emergency Phone Number

_____ Home Phone Number

In case of emergency, I **do - do not** give permission for emergency treatment by a physician.
(circle one)

CHECK ONE: [] Coverage for injuries incurred in sports has been provided through a _____ policy.
(name of insurance)

[] Permission is granted to participate without separate accident insurance coverage.

Signature Parent/Guardian

Date

Signature School Nurse

Date

Signature Director of Athletics

Date

Copies: School Nurse
Director of Athletics
Coach