

PARENT CONSENT FORM

Before representing Commack High School on any athletic team, every student is required to fill out Section I of this form and have Section II approved by a father, mother or guardian. This form is to be returned to the school nurse on the day of the student's physical.

SECTION I - TO BE FILLED OUT BY STUDENT

(PLEASE PRINT)

SPORT \_\_\_\_\_
Fall Winter Spring

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ HOMEROOM \_\_\_\_\_
(Last) (First)

DATE OF BIRTH \_\_\_\_\_ AGE (as of 9/1/16) \_\_\_\_\_
(Month) (Day) (Year)

HOME ADDRESS \_\_\_\_\_
(Number and Street) (Town) (Zip)

HOME TELEPHONE NUMBER \_\_\_\_\_

PARENT/GUARDIAN CELL NUMBER \_\_\_\_\_

I have never used my athletic skill or knowledge of athletics for monetary gain. I have never competed under an assumed name. I am currently residing at the above address and if at any time reside outside district boundaries, for any reason, I will alert the athletic department and guidance office.

Signature of Student

SECTION II - TO BE FILLED OUT BY FATHER, MOTHER OR GUARDIAN

I hereby certify that it is with my full knowledge and consent that my son/daughter, may participate in any of the sports NOT CROSSED OFF from the list below:

Table with 3 columns: Contact or Collision Sports, Endurance Activities, and Others. Lists various sports like Baseball, Football, Softball, Badminton, Fencing, Track, Golf, Basketball, Lacrosse, Wrestling, Cheerleading, Gymnastics, Volleyball, Field Events, Field Hockey, Soccer, Other, Cross-Country, Kickline, Other, Danceline, Tennis.

In appreciation of the loan to my son/daughter of the protective and valuable equipment used in connection with the sports named above, I HEREBY AGREE TO REPLACE ANY EQUIPMENT NOT RETURNED BY HIM/HER WHILE IN HIS/HER CARE. I also certify that Section I is filled out correctly.

I further give my permission for him/her to go on any trips with the team under the supervision of the coach. In addition, if it is necessary for him/her to wear glasses while participating, I will assume responsibility for providing shatterproof lenses. (It is also recommended that the Tetanus Toxoid immunization be up to date.)

Permission Letter for Contact Lenses and Orthodontic Appliances

My child, \_\_\_\_\_, has my permission to engage in all physical education programs and/or athletic activities while wearing his/her contact lenses and/or orthodontic appliances. I understand that there is a possibility of loss of or damage to the lenses or appliances during participation by my child in such activities. I recognize that the lenses and/or appliances can be lost, crushed or damaged during body contact activities and other vigorous exercise. I am willing to take calculated risks involved and assume responsibility for replacement of the above should they be lost or broken.

\_\_\_\_\_ Contact Lenses \_\_\_\_\_ Orthodontic Appliances

Date

Signature of Parent or Guardian