PARENT CONSENT FORM

Before representing Commack Middle 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 Early Winter Late 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:

Contact or Collision Sports			Endurance Activities			Others
Baseball	Football	Softball	Cheerleading	Gymnastics	Track	Field Events
Basketball	Lacrosse	Wrestling	Cross-Country	Kickline	Volleyball	_____
Field Hockey	Soccer	Other _____	Danceline	Tennis	Other _____	_____

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