

# PUTNAM VALLEY HIGH SCHOOL

DEPARTMENT OF INTERSCHOLASTIC ATHLETICS

## ATHLETIC PARTICIPATION FORM

### PERMISSION TO PARTICIPATE

I give permission to my child \_\_\_\_\_ to participate in the Putnam Valley High School  
(Name of Athlete)  
\_\_\_\_\_ program. It is my understanding that my child will comply with the established policies  
(Sport and Level)  
of Putnam Valley High School and the Athletic Department. I will assume responsibility for paying fines incurred by my child for loss and/or damage to equipment, supplies, and uniforms with the exception of normal wear.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

### SPORTS WARNING

We are aware that playing or practicing in any sport can be a dangerous activity involving MANY RISKS OF INJURY.

We understand that the risks of engaging in the sport of \_\_\_\_\_ include but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system and injury or impairment to other aspects of the body, general health and well being.

We also understand that the dangers and risks of engaging in the above sport may result not only in serious injury, but in a serious impairment of the future abilities of the athlete to earn a living and engage in business, social and recreational activities and generally to enjoy life.

Because of the risks described above, we recognize the importance of listening to and following all of the coach's instructions and warnings regarding playing techniques, training methods, rules of the sport and other team rules. We therefore, expressly agree to obey all of the coach's instructions and warnings.

It is acknowledged that we have read and understand the implications of this sports warning.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

### MEDICAL HISTORY UPDATE

Student-Athlete's Name: \_\_\_\_\_ Sport: \_\_\_\_\_ Grade: \_\_\_\_\_

Coach: \_\_\_\_\_ Date of Physical Examination: \_\_\_\_\_

A student who engages in interschool competition **MUST** have completed the required physical examination. The student may not begin practice without the required medical documentation and approval by the Chief Medical Officer. **Unless the physical examination has been conducted within the past 30 days of the start of a season, a health history up-date is required.**

Please answer the questions on the reverse side of this sheet. **These questions MUST BE ANSWERED for this form to be completed.**

I acknowledge that the above information on the reverse side is correct and my son/daughter still remains in good health.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

