



**PLAINEDGE PUBLIC SCHOOLS
PARENT PERMISSION FOR INTERSCHOLASTIC PARTICIPATION**

Student's Name _____ Sport _____ V JV MS (circle one)
Print Last Name First

Address _____ Age _____ Grade _____ Male Female (circle one)

Date of Birth _____ Year you began or will begin 9th Grade _____

Parents' Name _____ Home Phone # _____ Cell # _____

E-Mail Address _____

Emergency Contact Person & Tel. # _____

Known Allergies _____

THE FOLLOWING MUST BE COMPLETED, READ AND SIGNED BY BOTH PLAYER & PARENT(S) OR GUARDIAN(S):

Contract Agreed to by Student:

I promise on my honor to obey all school rules and regulations and to conform to the policies laid down by the school administration, athletic department, and the New York State Public High School Athletic Association, Inc. I understand that I will be dismissed from the squad if I do not strive in good faith to achieve the following:

- a) To keep myself in good physical condition and abstain from tobacco, alcohol and illegal drugs including steroids.
- b) To attend all classes faithfully and work to the best of my ability.
- c) To be a credit to my school by conducting myself at all times in a sportsmanlike manner on and off the field.
- d) To abide by all rules and regulations as adopted by the district, school administration, and athletic department.
- e) To refrain from any form of hazing which is prohibited and will result in disciplinary action and/or removal from the team.

Important Information for Parents

What are concussions?

Concussions are brain injuries caused by external forces to the head, neck or face. Further complications from concussions or their management can lead to intracranial hematomas (bleeding in the brain), balance and coordination problems, or Second Impact Syndrome.

When can a student return to activities after a concussion?

Absolutely no student may return to activities the same day of a concussion. There is no exact timeline for a return to play after a concussion. All concussions present differently. All students must be symptom free and cleared by Physician before beginning return to play process (RTP). At Plainedge, a student may return only after he/she has completed the RTP with school trainer and is medically cleared by the Chief Medical officer for the Plainedge School District.

I hereby give my son/daughter _____ permission to engage in interscholastic athletics as a member of the _____ team for the current school year. I further understand that participation in athletics could lead to serious or, in certain cases, fatal injury.

Date _____ Parent's Signature _____

Date _____ Student's Signature _____

This card indicates:

- 1. The updated Health Interval Form is on file with the nurse
- 2. The sports physical has been completed and the above named student is approved for athletic participation

Nurse's Signature _____ Date _____