

Tuxedo Union Free School District

Route 17 • Tuxedo Park, New York 10987 845-351-4786

SPORTS PARTICIPATION PERMISSION FORM

STUDENT'S NAME _____

GRADE _____ HOMEROOM _____ SCHOOL YEAR _____

HOME PHONE NO. _____ EMERG. NO. (OTHER THAN HOME PHONE) _____

PARENT / GUARDIAN STATEMENT

I hereby grant permission for my son/daughter to participate in *(sport)* _____ during the current school year. I have read the Tuxedo Union Free School District Interscholastic Rules and Regulations (*Athletic Handbook & Concussion Management Policy*), and understand the purpose and direction of this athletic code of conduct (Athletes' Pledge).

Is your son/daughter subject to any condition that limits his/her participation in physical activities or competitive sports? ☐ Yes ☐ No

My son/daughter is currently being treated for/has recently been treated for:

- | | | | |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies | <input type="checkbox"/> Fainting spells/seizures | <input type="checkbox"/> Breathing Problems |
| <input type="checkbox"/> Head Injury/Concussions | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Recent Illnesses/Surgery/Fractures | <input type="checkbox"/> Insect/Bee Stings |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Diabetes | | |
| <input type="checkbox"/> Other _____ | | | |

DATE

PARENT SIGNATURE

ATHLETIC PARTICIPATION FOR SCHOOL SPONSORED INTERSCHOLASTIC SPORTS

1. I have read the Tuxedo Union Free School District Interscholastic Rules and Regulations, concussion management policy and understand the purpose and direction of this athletic code and policy.
2. If I am medically excused from gym, I cannot participate in any sport during the "excused time".
3. I understand physical hazards may be encountered as a result of my participation in this sport.
4. I understand a school or private physical is required to participate in sports.

DATE

STUDENT SIGNATURE

MEDICAL CLEARANCE

- ☐ Passed Sports Physical ☐ Failed Sports Physical ☐ Restrictions or Limitations

DATE

PHYSICIAN/PRACTITIONER SIGNATURE - STAMP or SCHOOL NURSE

ORIGINAL PHYSICAL MUST ACCOMPANY THIS FORM IF NOT ALREADY ON FILE IN THE HEALTH OFFICE.
SCHOOL NURSE WILL SIGN IF PHYSICAL IS ALREADY ON FILE.

PARENTS AND STUDENTS SHOULD SUPPLY THE INFORMATION CALLED FOR,
SIGN WHERE INDICATED, AND RETURN THE ENTIRE FORM TO THE HEALTH OFFICE.

Copy to - HEALTH OFFICE Copy to - COACH Copy to ATHLETIC DIRECTOR Copy to PARENT'S COPY