

CENTER MORICHES HIGH SCHOOL/MIDDLE SCHOOL
ATHLETIC PERMISSION SLIP

Dear Athlete and Parent:

You and your child must read and complete this form and return it to the Nurse's Office **PRIOR TO** participation in any athletic activity.

NAME _____ GRADE _____ DATE OF BIRTH _____

I am aware that participating in any sports can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of participating in sports may include death, neck and spinal injuries, complete or partial paralysis, brain damage, injury to the muscular-skeletal system, as well as injury to other parts of my body. I understand that the danger of playing sports may result not only in injury, but the impairment of my future abilities to live a full and productive life.

Because of the dangers of participating in sports, I recognize the importance of following coaches instructions regarding conditioning, playing techniques, training and other team rules, etc., and agree to obey such instructions.

Signature of Student _____ Date _____

PARENT/GUARDIAN – READ CAREFULLY AND SIGN BELOW

I give permission for my child to participate in _____.

I have read and agree to the statement above concerning the risks involved. I also give permission for my child to receive a sports physical from the school physician.

Center Moriches Schools *Concussion Protocol* and important information regarding concussion symptoms and safety can be found under the Athletics' section of the schools website: WWW.CMSCHOOLS.ORG and at <http://impacttest.com>

** If you do not want your child to receive a physical from the school physician, please check here () If checked, you must obtain a physical for your child from your private physician dated **WITHIN ONE YEAR OF THE FIRST DAY OF THE CURRENT SPORTS SEASON**, and submit same to the School Nurse with this completed permission slip.

Parent Signature _____ Phone# _____ Date ___/___/___

Doctor's Name _____ Phone # _____