PERMISSION SLIP FOR PARTICIPATION IN ATHLETICS

DEADLINE: _____

I hereby give permission for:

_____ _____ _____
Name of Student Grade Date of Birth

to represent the East Hampton Public Schools in: (Please check only one activity.)

_____ Soccer _____Volleyball _____ Cross Country _____Cheering _____ Basketball
_____ Baseball _____Softball _____ Other: _____
Specify

realizing that such activity involves the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death.

Participation requirements:

I understand that my son/daughter must have a physical examination:

1. ___ My child has had a physical within one year of the ending date of this activity.

   Date of last physical: _____
   Month Day Year

   a. ___ I will phone the school nurse to confirm that the school has this information.
   b. ___ I will ask the doctor to forward the physical results to the school.

2. ___ A physical examination will be conducted by a physician who will complete the required form. Please return completed form to the school prior to try-outs scheduled on:_____.
   Date
3. ___ I understand that I must return a completed Emergency Treatment Card in order to practice and/or participate in the sport.

If you are not covered by a family health insurance policy, the Board of Education carries insurance for interscholastic sports participants. No student is obligated to purchase the student insurance package.

A plan of insurance covering interscholastic sports has been purchased by the Board of Education and represents no cost to you, the parents, or to your child. The form of coverage for athletes provides that valid claims for injuries received as a result of participating in interscholastic athletics will be paid on an excess basis. This means that the town-provided insurance will pay any amount of a valid claim in excess of that portion already satisfied by all other coverage; for example, your own family medical coverage. This plan does not cover physical education classes.

By signing this form, the parent/guardian acknowledges that they have read and understand the information contained on this form.

_____ _____
Prospective Player's Signature Parent/Guardian

_____ _____
Date Telephone Number