

**FOR NURSES USE ONLY:**

Health History: \_\_\_\_\_

Physical: \_\_\_\_\_

Nurse's Approval: \_\_\_\_\_

**GUILDERLAND CENTRAL  
SCHOOL DISTRICT  
DEPARTMENT OF ATHLETICS  
\*\*PLEASE NOTE ATHLETIC FORMS  
MUST BE FILLED  
OUT EACH SEASON\*\***

**SPORT:** \_\_\_\_\_

**SEASON:** F W S (circle one)

**LEVEL:** Mod Frosh JV V

**PARENT/GUARDIAN CONSENT, ELIGIBILITY AND EMERGENCY INFORMATION**

In accordance with the rules and regulations of the Guilderland Central School District and the New York State Education Department, I hereby give consent for:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First

Street Address: \_\_\_\_\_ Gender: M F (circle one)

Town/Zip Code: \_\_\_\_\_ If New Student, School Attended Last Year: \_\_\_\_\_

**EMERGENCY INFORMATION:** Please provide all of the following information:

Parent/Guardian: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Plan: \_\_\_\_\_ ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

In case I cannot be reached, I authorize the school official in charge to obtain the services of the nearest ambulance, emergency squad or licensed physician. I also authorize a trained first aid person, Athletic Trainer, or licensed Physician to provide immediate and necessary care. I give my permission for the school nurse to share pertinent medical information needed for my child's safe participation in sports with his/her coach. I agree that the Guilderland CSD Athletic Trainer may discuss any sports related injury with his/her coach.

I, the parent/guardian understand that participating in athletic activities implies risk of injury. I give my son/daughter \_\_\_\_\_ permission to participate.

**CODE OF CONDUCT**

The student & parent have read the Parent/Athlete Code of Conduct and understand the guidelines, procedures, conduct, training rules and consequences available at [www.guilderlandschools.org/athletics/athletic-code-of-conduct/](http://www.guilderlandschools.org/athletics/athletic-code-of-conduct/).

I have read and understand the guidelines, procedures, and training rules, as well as the Code of Behavior for Spectators, and the Suburban Council Sportsmanship Code.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date