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\*\*

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**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 St	udent, School Atte	ended Last Yea	r:	

## **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/.

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