



NANUET PUBLIC SCHOOLS
Athletic Department
101 Church Street
Nanuet, NY 10954
(845) 627-9811
FAX: (845) 627-6692



ATHLETIC CONSENT/HEALTH UPDATE FORM

STUDENT'S NAME: _____

SPORT: _____ **GRADE:** _____

I have received and read the preceding correspondence that is considered part of the Athletic Consent Form for the Nanuet Public Schools.

I understand that my child is responsible for all equipment and uniforms issued, and if any of the issued equipment or uniform is not returned, I will reimburse the Nanuet School District at its replacement value. I also understand that my child will not be issued another uniform until he or she meets this responsibility.

I agree to the terms of this form, and will support the Athletic Department in assuring that my son or daughter adheres to the training rules.

Both this form and the completed medical update form, along with the medical emergency card, must be returned to the nurse's office before my child may begin participation in the sport of his or her choice.

SIGNATURE OF PARENT: _____

DATE: _____

SIGNATURE OF STUDENT-ATHLETE: _____

DATE: _____

STUDENT'S NAME: _____ **SPORT:** _____

SCHOOL: _____ **GRADE:** _____

DATE OF BIRTH: _____

ADDRESS: _____ **TOWN:** _____ **ZIP:** _____

HOME PHONE #: _____ **CELL PHONE #:** _____

WORK PHONE #: _____

My participation in interscholastic athletics in the above sport is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules or regulations of the New York State Public High School Athletic Association.

SIGNATURE OF ATHLETE: _____ **DATE:** _____

To provide every possible safeguard for the health and safety of our students, we must have a health update at the start of each sports season (within 30 days). The following information is to be completed by the parent or guardian:

Is the above student under a physician's care?	Yes	No
Does he/she take any medication?	Yes	No
Has he/she had an injury requiring medical attention within the past year?	Yes	No
Since his/her last sports' physical, has he/she had any illness or injury requiring hospitalization or medical treatment?	Yes	No

Please explain any "Yes" answers: _____

Furthermore, I understand that there is a potential for accident or injury (maybe permanent) that is involved in the interscholastic sport listed above in which my child has my permission to participate.

I know of no health problems that should prohibit my child, _____, from participating in and maintaining himself or herself in sports.

If for any reason, he or she should not participate, I shall notify the school office and/or Director of Athletics immediately.

I hereby give my consent for the above student to have the privilege of participating in NYSPHSAA approved athletic activities as a representative of the Nanuet Public Schools, and I also give my consent for the above student to accompany the team on its out-of-town trips.

SIGNATURE OF PARENT/GUARDIAN **DATE:** _____