



**PELHAM MEMORIAL HIGH SCHOOL
ATHLETIC DEPARTMENT
PELHAM, NEW YORK 10803**

**STEVE LUCIANA
DIRECTOR OF ATHLETICS**

**(914) 738-8105
(914) 738-8893 - FAX**

ATHLETIC AGREEMENT

To: Parent/Guardian,

According to the New York State Public High School Association bylaws, if 30 days have passed since a student's full medical examination by the school physician, he/she must have a health history interview with the school nurse prior to the start or tryout practice sessions at the beginning of each season.

The enclosed forms must be completed and signed by both the student and parent/guardian.

Steve Luciana, Athletic Director

**PLEASE READ THE ATTACHED PELHAM PUBLIC SCHOOLS DEPARTMENT OF
INTERSCHOLASTIC ATHLETICS PLAYER REGULATIONS
SIGNATURES ARE REQUIRED ON ALL ENCLOSED FORMS**

**PLEASE BE ADVISED THAT IN THE EVENT THAT YOUR CHILD DOES NOT HAVE AN UP TO
DATE PHYSICAL, HE OR SHE WILL BE SEEN BY OUR SCHOOL PHYSICIAN, DR. LEGUILLOU.
IF YOU DO NOT WANT YOUR CHILD TO BE SEEN BY OUR PHYSICIAN, PLEASE NOTIFY THE
ATHLETIC DEPARTMENT AT (914) 738-8105.**

PELHAM MEMORIAL HIGH SCHOOL
Pelham, New York

STUDENT AGREEMENT FOR PARTICIPATION IN ATHLETICS & CO-CURRICULAR ACTIVITIES

Pelham Memorial High School encourages students to represent the school in a wide range of co-curricular activities and athletics, some involving the local community and some involving students and schools in other communities. Students who have the privilege of representing the school in these activities are expected to conduct themselves in a responsible manner consistent with the PMHS Student Handbook and Code of Conduct. They should also demonstrate good citizenship whether on or off school premises and whether or not engaged in school-related activities.

For this privilege, Pelham students are expected to assume responsibility for their actions by agreeing to the standard of conduct set forth below, and to accept the consequences should they fail to meet this standard.

.....
I promise to refrain from the possession or use of alcoholic beverages or any illegal substances, at all times, on and off school premises, for the duration of my co-curricular and/or athletic activity.

If I break this promise, I will meet with the PMHS administrator and face the following consequences:

- **First incident in a school year:** Meeting with the administrator and my parent(s) within one week, and participation in an substance abuse awareness educational program OR suspension from the co-curricular and/or athletic activity for 3 consecutive separate event days (i.e. days of meetings, practices or games)
- **Second incident in a school year:** Parent meeting, suspension from the co-curricular and/or athletic activity for 5 consecutive separate event days and 3 meetings with the Student Assistance Counselor
- **Third incident in a year:** Parent meeting, suspension from the co-curricular and/or athletic activity for the duration of the season or semester and 5 meetings with the Student Assistance Counselor
- **Fourth incident in a school year:** Suspension from the co-curricular and/or athletic activity for the duration of the school year and parent meeting.

I have read and understood the Co-Curricular and Athletic Agreement and, as a member of _____, promise to abide by it:

Name of Sport/Activity/Club

Student Name

Signature

Date

Coach /Advisor/Moderator:_____

I acknowledge that my child has agreed to abide by these regulations and I support this pro-health agreement:

Parent/Guardian Signature

Date

.....
In addition to the above provisions, students participating in co-curricular and/or athletic activities are required to comply with the regulations of the PMHS Code of Conduct, as described in the PMHS Student Handbook and at the Pelham Schools website at www.pelhamschools.org. The PMHS administration has the authority to discipline students for the conduct in school or at the school sponsored events and, in addition to suspension from school and other measures, students may lose the privilege of participation in co-curricular and/or athletic activities. All disciplinary actions get recorded in the students records.

GLOVER FIELD: WALKING DIRECTIONS TO GLOVER FIELD FOR HIGH SCHOOL AND MIDDLE SCHOOL STUDENT/ATHLETES

DO NOT WALK ON SERVICE ROAD TO FIELD. USE FOOTBRIDGE TO EXIT AND ENTER GLOVER FIELD.

HIGH SCHOOL ATHLETES:

- Exit main entrance of high school, cross with school crossing guard at corner
- Walk on south side of Colonial to intersection of Wolf's Lane and Colonial Ave.
- Cross at traffic light and continue to walk on south side.
- Proceed to intersection at Hutchinson River Parkway.
- Cross at crosswalk.
- Walk on sidewalk of outer parking lot.
- Walk over footbridge to fields.

MIDDLE SCHOOL ATHLETES:

- Exit main entrance
- Make left, walk to Wolf's Lane
- Make left, walk along side of Ingall's Field
- Go to crossing guard
- Walk on south side of Colonial to intersection of Wolf's Lane and Colonial Ave.
- Cross at traffic light and continue to walk on south side.
- Proceed to intersection at Hutchinson River Parkway.
- Cross at crosswalk.
- Walk on sidewalk of outer parking lot.
- Walk over footbridge to fields.

PELHAM PUBLIC SCHOOLS

Pelham, New York

**INTERSCHOLASTIC ATHLETE ACTIVITIES
PLAYER REGULATIONS AND CONSENT CARD**

SPORT: _____ COACH: _____

STUDENT: _____ DATE: _____

I have read the regulations and am aware of them as a condition of my son/daughter's participation in interscholastic athletics. I am aware of the potential for accident or injury, which is involved in the interscholastic activities in which my child has my permission to participate. I will be financially responsible for all athletic equipment, which is issued to my child that, is not returned. My son/daughter has my permission to be examined by the school doctor for the mandatory sports physical.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

STUDENT'S SIGNATURE: _____ DATE: _____

This form **MUST** be returned by the student/athlete to the coach of the particular interscholastic sport. All signed regulations and official rosters are to be forwarded to the Athletic Director's office by the team coach.

PELHAM PUBLIC SCHOOLS

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INTERSCHOLASTIC EMERGENCY CARD

(Please Print)

SPORT: _____ YEAR: _____ GRADE: _____

STUDENT'S LAST NAME FIRST NAME DATE OF BIRTH

ADDRESS HOME PHONE

FATHER'S EMPLOYER PHONE NUMBER CELL PHONE

MOTHER'S EMPLOYER PHONE NUMBER CELL PHONE

STUDENT/ATHLETE DOCTOR PHONE NUMBER

STUDENT/ATHLETE DENTIST PHONE NUMBER

EMERGENCY PHONE NAME RELATIONSHIP

I do consent for a hospital or doctor to administer first aid to my child in case of emergency either at home or away contest, in the event that I can not be contacted. I will allow the coach, nurse, athletic director, athletic trainer or an administrator of the Pelham Schools to exercise professional judgement for the care and treatment of my child. I do consent for my child's doctor to be contacted for the release of pertinent health information.

PARENT/GUARDIAN SIGNATURE DATE

PELHAM PUBLIC SCHOOLS Pelham, New York

SPORTS INTERVIEW: MEDICAL HISTORY FOR INTERSCHOLASTIC SPORTS

In order to participate in interscholastic sports, a student must be examined by the school physician after handing in a signed parent consent card to his/her coach. A parent consent card is necessary for each specific sport. The results of the examination shall be valid for qualifying a pupil's participation for a period of 12 continuous months, except as noted below. For your child's safety and privacy, this information will be shared with the coaches, athletic trainer and medical personnel only.

- a. If he/she has been absent more than five days, he/she can be cleared with a note from his own physician if it is not a sports illness that will not compromise his participation.
- b. Sports related injuries will require notes from his/her attending physician.
- c. If 30 days have passed since a student's full medical examination by the school physician, they must have a health history interview prior to the start or tryout practice sessions at the beginning of each session with the school nurse.

STUDENT'S NAME: _____ SPORT: _____

GRADE: _____ DATE: _____

Please answer yes or no to all questions:

Within the past 12 months has the student had any problems requiring medical attention, doctors' care such as:

Illness lasting more than 5 days? _____ Disease? _____ Injury? _____ Surgery? _____

Hospitalization? _____ Mono? _____ Orthopedic problem? _____

If YES, explain below: MD CLEARANCE LETTER MAY BE REQUIRED

Any family history of enlarged heart or unexplained death prior to age 50? Yes or NO

If YES, explain below.

Does this student:

Wear glasses or contacts? YES ___ NO ___

Wear an orthodontic appliance? YES ___ NO ___

Have you had a prior concussion? YES ___ NO ___

If yes, explain and give dates _____

Have any serious disease, injury to, loss or absence of an organ? YES ___ NO ___

Have asthma or reactive airway disease? YES ___ NO ___

Use an inhaler? If yes, name of inhaler _____ YES ___ NO ___

Have an allergy to bee, wasp, or insect stings, medication or foods? YES ___ NO ___

Carry medication for reactions? If yes, explain _____ YES ___ NO ___

Have a history of heat intolerance, fainting, dizziness or seizure disorder? YES ___ NO ___

If yes explain _____

Have a history of passing out or shortness of breath while exercising? YES ___ NO ___

If yes, explain _____

Have a history of heart problems, murmurs, extra beats or high blood pressure? YES ___ NO ___

If yes, explain _____

Have diabetes? YES ___ NO ___

Have any disability or chronic conditions? If yes, explain _____ YES ___ NO ___

Is the student currently taking any medication? If yes, include dose: _____ YES ___ NO ___

PARENT SIGNATURE _____ **NURSE SIGNATURE** _____

PELHAM PUBLIC SCHOOLS

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STUDENTS WITH ALLERGIES/ASTHMA

If your child is known or suspected of having an allergy/asthma to certain foods, insects, medications or exercised-induced asthma, this form should be completed, and on file in the school health office and in the Athletic Department.

STUDENT'S NAME:

AGE: _____ BIRTHDATE: _____ GRADE: _____

ALLERGY TO: _____

SYMPTOMS OF ALLERGIC REACTION:

MOUTH _____ THROAT _____ SKIN _____ GI TRACT _____

LUNG _____ HEART _____

DOES STUDENT USE OR NEED TO CARRY AN EPIPEN/INHALER? IF YES, ONE NEEDS TO BE AVAILABLE IN THE NURSE'S OFFICE AND WITH THE STUDENT/ATHLETE AT ALL TIMES.

YES _____ NO _____

EMERGENCY CONTACTS:

MOTHERS' PHONE: Home _____ Work _____ Cell _____

FATHER'S PHONE: Home _____ Work _____ Cell _____

PARENT'S SIGNATURE: _____ DATE: _____