

ROSLYN PUBLIC SCHOOLS – ATHLETIC CONSENT FORM

Student's Name _____ Gender M___ F___ Grade _____

My child may compete in any sport included in the school program (which includes all those listed below).
He/she may go with his/her coach to school-sponsored activities.

Names of Parent/s

Guardian/s _____
Mother / Guardian _____ Father / Guardian _____

Home Address _____

Student Email & Cell _____

Phone Numbers (mother/guardian) _____
Home _____ Cell _____ Business _____

Phone Numbers (father/guardian) _____
Home _____ Cell _____ Business _____

Family Physician _____ Phone Number _____

Family Dentist _____ Phone Number _____

Important medical history (such as major operations, lack of any one organ, heart condition,
etc.) _____

Allergies _____

List of medications/prescription drugs being administered _____

If parent or guardian cannot be reached, the school should contact:

Name 1) _____ Phone Number (H) _____ (C) _____

Name 2) _____ Phone Number (H) _____ (C) _____

I am aware that students are held responsible for all uniforms and equipment owned and issued by the school. In the event my child is injured while participating in the school athletic program, or while enroute to and from athletic activities, I hereby consent to the administration of first aid by teachers/coaches or athletic trainers.

Badminton__	Cross Country__	Soccer__	Volleyball__
Baseball__	Football__	Softball__	Winter Track__
Basketball__	Golf__	Tennis__	Wrestling__
Bowling__	Lacrosse__	Track & Field__	Gymnastics__

The Roslyn UFSD wishes to warn students and their parents/guardians that participation in an interscholastic athletic sport or related activity may place the student at risk for injury.

Date: _____ Parent/Guardian Signature _____