

# Tuxedo Union Free School District

Route 17 • Tuxedo Park, New York 10987  
845-351-4786

## SPORTS PARTICIPATION PERMISSION FORM

STUDENT'S NAME \_\_\_\_\_

GRADE \_\_\_\_\_ HOMEROOM \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

HOME PHONE NO. \_\_\_\_\_ EMERG. NO. \_\_\_\_\_  
(OTHER THAN HOME PHONE)

### PARENT / GUARDIAN STATEMENT

I hereby grant permission for my son/daughter to participate in *(sport)* \_\_\_\_\_ during the current school year. I have read the Tuxedo Union Free School District Interscholastic Rules and Regulations (*pamphlet*) and understand the purpose and direction of this athletic code.

Is your son/daughter subject to any condition that limits his/her participation in physical activities or competitive sports?  Yes  No

My son/daughter is currently being treated for/has recently been treated for:

- |  |                                     |   |   |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Allergies  | <input type="checkbox"/> Fainting spells/seizures           | <input type="checkbox"/> Breathing Problems |
| <input type="checkbox"/> Head Injury/Concussions | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Recent Illnesses/Surgery/Fractures | <input type="checkbox"/> Insect/Bee Stings  |
| <input type="checkbox"/> Hernia                  | <input type="checkbox"/> Diabetes   |   |   |

Other \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE

### ATHLETIC PARTICIPATION FOR SCHOOL SPONSORED INTERSCHOLASTIC SPORTS

1. I have read the Tuxedo Union Free School District Interscholastic Rules and Regulations and understand the purpose and direction of this athletic code.
2. If I am medically excused from gym, I cannot participate in any sport during the "excused time".
3. I understand physical hazards may be encountered as a result of my participation in this sport.
4. I understand a school or private physical is required to participate in sports.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT SIGNATURE

### MEDICAL CLEARANCE

- Passed Sports Physical       Failed Sports Physical       Restrictions or Limitations

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHYSICIAN/PRACTITIONER SIGNATURE

PARENTS AND STUDENTS SHOULD SUPPLY THE INFORMATION CALLED FOR, SIGN WHERE INDICATED, AND RETURN THE ENTIRE FORM TO THE HEALTH OFFICE.