

ATHLETIC PERMISSION SLIP
RUTHERFORD HIGH SCHOOL
56 ELLIOTT PLACE
RUTHERFORD, NJ 07070
201-438-7675

SPORT _____ YEAR IN SCHOOL 9 10 11 12
(circle one)

Name of Participant _____ Emergency Phone _____

Address _____ Mother's Name _____

Birth Date _____ Father's Name _____

Birth Place _____
(City, State)

Home Phone _____ Family Physician _____

Dear Parent/Guardian:

Your son or daughter will be participating in the high school athletic program and we hope that it is a rewarding experience. Participation in sports carries a risk of being injured that is inherent in all sports. This risk of injury may be severe, including the risk of fractures, brain injuries, paralysis or even death.

Please list on the Health History Form any operations, serious illnesses or other pertinent medical history that may be beneficial in the emergency treatment of your son or daughter.

In order to care for your son or daughter throughout the season, we will need your permission, in case of emergency, to have a medical doctor administer immediate care and/or to have X-rays taken by hospital or legal X-ray technicians.

This action is taken to give immediate care, to determine the extent of the injury and to provide further care.

Every athlete is responsible for equipment issued by the school and for the complete return of all said equipment. School records may be withheld until equipment or replacement value is returned.

I have read the above information and understand the risks involved, the need for emergency treatment and responsibility to return equipment.

I understand the information on Athletic Insurance and GUIDELINES FOR CO-CURRICULAR PARTICIPATION.

(Signature of Parent/Legal Guardian) date

I, _____, desire to be a candidate for an athletic team at Rutherford High School and agree to abide by the rules and regulations set forth in the Athletic and Co-Curricular Guidelines.

(Signature of Student/Athlete) date