

****Return to your Coach****

PARENT AND STUDENT-ATHLETE AWARENESS

I have read and understand the guidelines, procedures and training rules

LOCATED ON SOUTH COLONIE WEBSITE UNDER ATHLETIC GUIDE

(Name of Athlete) _____ (Sport) _____

(Signature of Parent/Guardian) _____

MEDICAL RELEASE FORM

The following information must be supplied in the event of injury or illness during sports participation. Medical facilities will not treat minors in the absence of a parent unless the situation is life-threatening.

Parent or Guardian _____ Date _____

Address _____

Home Phone _____ or Cell _____

Place of Work _____

Physician _____

Hospital Preference _____

C.D.P.H.P. _____ (must be contacted before transport to hospital for coverage to be effective)

Parent Signature _____ Player Signature _____

Coach Signature _____