SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT ATHLETIC PERMISSION FORM

20 20_	School Y	(ear	
Student Name:	DOB:	School:	Age:
Grade (check): □ 7 □ 8 □ 9 □ 10 □ 11 □ 12		Date form completed:	
Date of last health exam: Sport & Level:		Parent Cell Number:	
THE FOLLOWING MUST BE COMPLETED AND SIGNED BY BOTH F	PLAYER & PARE	NT(S) OR GUARDIAN(S) 30 DAYS P	RIOR TO THE START
OF THE SEASON:			
4. Cantanat Anna da la Chadanta			
1. Contract Agreed to by Student:	Conduct" and D	aard Daliay FO2O 2 "Harassmant	Discrimination and
I am fully familiar with the Board Policy 5500, District "Code of Gullying". I promise on my honor to conform to the policies, rule			
department, and the New York State Public High School Athletic	_	ns, laid down by the school admin	mstration, atmetic
I understand that I will be dismissed from the squad if I do not :		ith to achieve the following:	
a. To keep myself in good physical condition and abstain from s	_	_	
b. To attend all classes faithfully and work to the best of my abi		alconor and inegar arags.	
c. To be a credit to my school by conducting myself at all times	•	ike manner on and off the field.	
d. It is prohibited and illegal for anyone to place a bet or gambl	•		
e. I will not attend or remain at any gathering of students, where	_		Icohol or illegal
drugs are present.	•		J
*Any form of hazing or a violation of DASA will result in discipling	nary action and/	or removal from the team.	
I am fully familiar with the DASA Act and have reviewed the fo	llowing link on t	he NY State website at	
http://www.p12.nysed.gov/dignityact/			
2. Football Players - Use of Helmet:			
DO NOT USE the helmet to butt or spear an opposing player. Sp			
football rules. These tactics can cause more severe injury to yo			
The risk of head and neck injury to a player is greatly increased			
Effective 12/2/19, Public Health Law Section 2595; tackle footba			
concussions, sub concussive blows, and injuries that may occur	as a result of re	ceiving such blows to parents/gua	ardians of
participating children. Click on the link below: https://www.health.ny.gov/prevention/injury prevention	/concussion h	tm	
All football players will receive an information sheet explaining			rly and the proper
procedure for inspecting their helmets before and after each pr	_		ily and the proper
3. The Dominic Murray Sudden Cardiac Arrest Prevention Act i	_		chools students
parents/guardians have information on sudden cardiac arrest ri			
information. https://www.sewanhakaschools.org/	,	,	
4. Contract agreed to by Parents or Guardians:			
T.V., Radio, Internet, or other News Media Release - In signing t	his permission s	lip, I hereby acknowledge I have	read Board Policy
5591-FERPA (Family Education Rights and Privacy Act) which au	thorizes the rele	ease of certain designated "direct	ory information"
from my child's education records. Any restrictions to the relea	ise of such desig	nated directory information may	be listed below:
Directory information includes Name, Age, Photo, School or ot	ther Extra-Curri	cular Activities, Awards, Honors,	and Year of
Graduation.			
Restrictions: (If none, leave blank)			
5. Contract agreed to by Parents and Students:			
Any athletic injury received by the student must be reported to		, , ,	
paperwork can be completed. Failure to do so may result in the	e denial of any a	valiable student accident benefits	S.
We understand the rules and releases. We also realize and acce	ant the fact that	narticination in all athletics invol	ves the risk of
(serious) injury. We hereby consent to our child's or ward's par			
(22235)gary. The hereby consent to our clinic 5 or ward 5 par		a carricular allayor interscribiast	acmetics.
Date		Parent or Guardian Signature	
Student's Signature		Parent or Guardian Signature	