

**Contract for Interscholastic Sports
Schenevus Central School**

TO: Parents and Athletes

FROM: Athletic Director

Acknowledgement of Risk

This is to inform you that there is a possibility that a child may suffer severe injury, including permanent paralysis or death, as a result of participating in interscholastic sports.

Schenevus Central School is taking all measures necessary to prevent the spread of infection, including tracking and following applicable state and federal guidance, as well as guidance from the NYSPHSAA. However, the possibility of transmission cannot be eliminated. Students and families must be aware of and acknowledge the risk before participating in athletics. Parents and athletes should be also aware that if there is a positive Covid-19 case everyone attending athletic practices/contests may have to quarantine.

I give _____ permission to play _____
Athlete's First and Last Name Name of Sport

during the 2023-24 school year.

I have read the Athletic Handbook, and have particular attention to the changes related to the Academic Eligibility and Discipline and School Suspensions, BOE Concussion Policy, and fully understand the rules, regulations, and implications so stated. I have been notified of the possibility of serious injury or death due to participation.

I give permission for Schenevus Central School to seek medical attention for my child in case of emergency and I expect to be contacted in such an emergency.

I give permission to Schenevus Central School to transport my child to and from all away athletic contests.

Signature of Parent or Guardian

Date

Signature of Student Athlete

Date

Schenevus Central School Student Athlete Information Form

Athlete's Name _____

Age _____ Grade _____ Date of Birth _____

Parent or Guardian Name _____

Address _____

Home Phone Number _____ Mobile Phone Number(s) _____

Work Phone Number(s) _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Medications Used _____

Allergies _____ Bee Sting Allergy _____

Other Information _____

Schenevus Central School Permission for Medical Treatment

In the event of an emergency requiring medical attention, I hereby give permission to a physician or other hospital personnel designated by the Schenevus Central School coaching staff to attend to my son/daughter.

I expect every effort will be made to contact me in order to receive my specific authorization before any treatment or hospitalization is undertaken.

My Hospital Preference is _____, but I understand that may not be possible.

Signature of Parent or Guardian

Date

Emergency Numbers
School 607.638.5881/AD cell 518.706.8041
Ambulance/Fire/Police 911