



## Haworth Public School

---

### **PARENT'S PERMISSION FORM FOR ATHLETIC PARTICIPANTS**

I give consent for my **son/daughter** to compete in \_\_\_\_\_ (sport) during the **2026 to 2027** school year.  
(Name of Sport)

I waive any claim against the Board of Education, its agents, employees, or representatives for any damage or injuries that my child might sustain while participating in the sport as mentioned above. I understand that I am liable for any expenses incurred for injuries connected with participation in sports that are not covered by any insurance policy in force at the time of injury. I give my permission for first aid to be rendered in case of an accident with my child and also immediate hospitalization, if necessary, for emergency treatment at the nearest available hospital.

We are aware that all athletic activity includes the potential for injury. We acknowledge that even with the best coaching, the use of protective equipment, and strict observance of rules, injuries remain possible. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death. We acknowledge that we have read and understand this warning.

Parents' health insurance is primary in case of an accident or injury. The Board of Education purchases a limited secondary insurance policy for all interscholastic sports.

**In addition to the above, both the parent and student agree to refrain from the following behaviors as they may result in removal from the game site: Criticism or harassment of the officials, coaches, teammates, cheerleaders, or spectators; profanity and/or negative verbal arguments at practices, games, or with spectators; and derogatory signs or noise makers at athletic contests are not permitted. In addition, continued violations may result in exclusion from all events.**

**As written in the handbook, "If a student has not attended school by 9:30 am, he/she may NOT participate in any school activity for that day."**

**Information in this sports packet may be shared with Athletic Department personnel, athletic coaches, athletic trainers, and school nurses. We have read the above and agree to comply:**

**Athlete's printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Parents' Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of Family Physician to be notified:** \_\_\_\_\_

**Address of Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_