

**ASTORIA HIGH SCHOOL
ATHLETIC PARTICIPATION PERMIT**

IMPORTANT: Please circle any sport that your student athlete will be participating in this coming year.
This will eliminate your having to complete this permission form again in another sports season.

FALL SPORTS:	<i>football</i>	<i>cross country</i>	<i>volleyball</i>	<i>soccer</i>
WINTER SPORTS:	<i>basketball</i>	<i>swimming</i>	<i>wrestling</i>	
SPRING SPORTS:	<i>track</i>	<i>baseball</i>	<i>softball</i>	<i>golf</i>

DATE _____ STUDENT'S NAME _____
ADDRESS _____ CITY _____ ZIP _____
DATE OF BIRTH _____ FAMILY DOCTOR _____ PHONE # _____
PARENT/GUARDIAN _____
TELEPHONE NUMBERS: MOTHER (WORK) _____ FATHER (WORK) _____
(HOME/CELL) _____ (HOME/CELL) _____
GRADE LEVEL IN SCHOOL THIS YEAR, (CIRCLE ONE) 9TH 10TH 11TH 12TH

PARENT OR GUARDIAN PERMIT

I WANT MY () SON OR () DAUGHTER TO HAVE THE PRIVILEGE OF PARTICIPATING IN COMPETITIVE SCHOOL ATHLETICS AND THEREFORE HAS MY PERMISSION TO COMPETE IN ALL SPORTS ON ANY REGULARLY SCHEDULED TRIPS. EXCEPTIONS, IF ANY: _____

_____ WHILE I EXPECT SCHOOL AUTHORITIES TO EXERCISE REASONABLE PRECAUTIONS TO AVOID INJURY, I UNDERSTAND THAT THEY ASSUME NO FINANCIAL OBLIGATION FOR ANY INJURY THAT MAY OCCUR. I AM ADVISED THAT STUDENTS ARE HELD RESPONSIBLE FOR ALL PLAYER'S EQUIPMENT OWNED AND ISSUED BY THE SCHOOL.

INSURANCE ARRANGEMENTS

MUST CHECK ONE: (*Athletes can not participate without insurance coverage.*)

_____ I DESIRE FOR MY SON OR DAUGHTER TO TAKE OUT THE ATHLETIC INSURANCE POLICY OFFERED THROUGH THE SCHOOL. (EFFECTIVE AT TIME OF PAYMENT.)

_____ MY SON OR DAUGHTER IS FULLY COVERED BY INSURANCE CARRIED BY HIS/HER PARENTS OR GUARDIAN AND THE SCHOOL *WILL NOT* BE LIABLE FOR ANY INJURY THAT OCCURS DURING ATHLETIC PRACTICES, CONTESTS, OR TRAVEL TO AND FROM ATHLETIC CONTESTS.

INSURANCE COMPANY NAME _____
POLICY NUMBER _____

DATE

SIGNATURE OF PARENT OR GUARDIAN