

To Be Used By 9th, JV and Varsity Teams Only
LANCASTER ATHLETICS CONSENT FORM
FALL SPORTS

For Office Use Only
Date Interviewed _____
Physical _____
Impact Test _____

Please Print

LAST NAME: _____ FIRST NAME: _____ GR.: _____ [next year]

ADDRESS: _____ CITY: _____ ZIP: _____

DATE OF BIRTH: _____ HOME PHONE #: _____ PARENT CELL PHONE #: _____

DO YOU CARRY HEALTH INSURANCE? YES NO NAME OF INSURANCE CO.: _____

Has your child taken the Impact/Concussion Test? Yes No If yes, when: _____

Has your child sustained any injuries or required medical attention since his/her last school physical?

YES NO If yes, please state injury: _____

Is your child under medical care for any conditions? Yes NO

Does your child have any known allergies? YES NO If yes, please explain. _____

Please check sport(s) you have signed up:

<input type="checkbox"/> FALL CHEERLEADING, VARSITY	<input type="checkbox"/> GYMNASTICS VARSITY
<input type="checkbox"/> FALL CHEERLEADING, JV	<input type="checkbox"/> SOCCER BOYS VARSITY
<input type="checkbox"/> CROSS COUNTRY, BOYS VARSITY	<input type="checkbox"/> SOCCER BOYS JV
<input type="checkbox"/> CROSS COUNTRY, GIRLS VARSITY	<input type="checkbox"/> SOCCER, GIRLS VARSITY
<input type="checkbox"/> FIELD HOCKEY, GIRLS VARSITY	<input type="checkbox"/> SOCCER, GIRLS JV
<input type="checkbox"/> FIELD HOCKEY, GIRLS JV	<input type="checkbox"/> SWIMMING, GIRLS VARSITY & JV
<input type="checkbox"/> FOOTBALL, VARSITY	<input type="checkbox"/> TENNIS, GIRLS VARSITY
<input type="checkbox"/> FOOTBALL, JV	<input type="checkbox"/> TENNIS, GIRLS JV
<input type="checkbox"/> FOOTBALL, GRADE 9	<input type="checkbox"/> VOLLEYBALL, BOYS VARSITY
<input type="checkbox"/> GOLF, BOYS VARSITY	<input type="checkbox"/> VOLLEYBALL, BOYS JV
<input type="checkbox"/> GOLF, GIRLS VARSITY	<input type="checkbox"/> VOLLEYBALL, GIRLS VARSITY
	<input type="checkbox"/> VOLLEYBALL, GIRLS JV

PARENTS' CONSENT:

I have read the above and give my consent for my son/daughter to participate in Interscholastic Athletics at Lancaster High School for the current sport season. I also understand that my child is required to use only transportation authorized by the athletic department to schools outside the Lancaster School District.

Signature of Parent or Guardian

Date

We have read the **Responsibilities of the Athlete** and **Athletic Injuries** information. We agree to abide by the provisions set by the Athletic Department at Lancaster Central Schools. Our signature below also indicates our agreement to abide by the rules as set out in the **Athletic Code of Conduct** and the **Parent Acknowledgement and Commitment**. We understand that our failure to do so may affect the student athlete's ability to participate on Lancaster Central School District sports teams. Both documents can be accessed on the Lancaster High School Athletics web page.

ATHLETE SIGNATURE

PARENT/GUARDIAN SIGNATURE

PRINT ATHLETE NAME

PRINT PARENT/GUARDIAN NAME

DATE

DATE

PERMISSION SLIPS DUE BY NURSE INTERVIEW DATE