



# ALLEGANY-LIMESTONE CENTRAL SCHOOL

3131 Five Mile Road • Allegany, NY 14706

## PARENTAL PERMISSION FOR INTERSCHOLASTIC ATHLETICS

**This form must be filed with the coach before a student is permitted to receive equipment or Practice.**

My child, \_\_\_\_\_, has my permission to engage in the interscholastic sport of \_\_\_\_\_ for the \_\_\_\_\_ school year and to take such trips as may be desired by the coach or supervisor in charge.

Participation in athletics includes the risk of serious injury. These risks increase in contact sports, such as football and wrestling. Athletic participation also involves the risk of injury when traveling in District vehicles. In case of emergency, I authorize the coach or a school official to call an ambulance, and request medical treatment for my child at my expense. Also, I acknowledge receiving information regarding concussion management, and permit my child to partake in the ALCS ImPACT concussion management program. In case of emergency, the coach shall attempt to call the:

Parent/Guardian \_\_\_\_\_  
phone # \_\_\_\_\_

Second contact \_\_\_\_\_  
phone # \_\_\_\_\_

Family Doctor \_\_\_\_\_  
phone # \_\_\_\_\_

School insurance for the medical treatment of sport –related injuries is applicable only after the parent’s health insurance has been used. The School’s insurance is with Pupil Benefits Plan Inc., and it generally will not cover the full cost of treatment. School equipment issued to the student for participation in athletics is his/her responsibility, and must be returned promptly upon request. Reimbursement from the student will be expected for loss or destruction beyond ordinary wear.

It is important that students and their parents / guardians understand the goals of ALCS Interscholastic Athletics and agree to abide by the rules established by the District for the benefit of all who partake. By signing this form, I am indicating that I understand and agree with the information above and the policies in the ALCS Guidelines for Interscholastic Athletic / Extracurricular Participation.

\_\_\_\_\_  
parent/guardian name (print)

\_\_\_\_\_  
parent / guardian name (sign)

\_\_\_\_\_  
student name (print)

\_\_\_\_\_  
student name (sign)