



2026-2027 Athletics Parental Consent Form

NOTE: This form is required to be completed each Season. This must be SIGNED 30 DAYS OR LESS before practice/tryouts begin.

Student Name	Grade	Date of Birth	Team/Sport
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A Parent/Guardian must read and SIGN next to the following statements.

1. I, the parent/guardian of the student named above, hereby give permission for my child to try out for the team indicated, and participate in all of the team's activities, as directed by the school/coach. I understand that my child's participation in this activity is purely voluntary. However, if selected, I understand that my child will be required to attend regularly scheduled practices and competitions.	SIGNATURE
2. I understand that my child will meet all MLS practice and participation requirements	
3. I understand that my child is responsible for her/his behavior at all time and agree not to hold the school or any of its employees responsible for any expenses or damages incurred as a result of my child's behavior. I also understand that any violation of the school's code of discipline or league code of conduct may result in exclusion from the team.	
4. I understand that it is necessary for my child to have an approved medical certificate for school competition on file in the school before trying out, practicing or competing in interscholastic athletic activities. I agree to inform the school of any change in my child's medical or physical condition which develops or is discovered at any time after the date this document is signed.	
5. I understand that with the participation in sports comes the risk of injury, particularly with contact sports. Such injuries may include, but not be limited to, concussions, COVID-19, sudden cardiac arrest and injury to bones, neck, spine, or internal organs. I understand the risks involved and expressly agree to accept all the risks existing in the sport in which my child will be participating.	
6. I have accessed the Concussion Information Sheets, Sudden Cardiac Arrest Information Sheet, and am aware of COVID-19 information. I agree to thoroughly read through the information sheets. I will report to the school within 24 hours if there is any change in my child's medical condition. I understand that COVID-19 information and policy is subject to change based on NYC/SDOH updated health information related to COVID-19.	
7. I agree that in the event of injury or illness, the staff member in charge of the team may act on my behalf and at my expense in obtaining medical treatment for my child. I hereby authorize the school representatives to act on my behalf with respect to any required medical treatment decisions and consents, until such time I am able to provide these items. Notice is hereby given to any qualified medical personnel that this authorization is currently in effect, and such personnel are directed to act upon such authorization without delay.	
8. I agree to be responsible for the return of all equipment issued by the school to my child and if any equipment issued is not returned, I shall reimburse the school for its replacement value.	
9. I hereby give permission for my child's photograph and information about my child's performance in activities, together with my child's name, school and grade level to be put on the school website, in accordance with the policies set forth in the MLS' Internet Acceptable Use Policy.	
10. I understand that the information to be posted does not include information from my child's academic, guidance, permanent or cumulative record (i.e. grades or attendance records). I also understand that the information to be posted does not include other personally identifiable information such as my child's address, phone number, or social security number.	

PARENT/GUARDIAN CONSENT re Concussion and Sudden Cardiac Arrest

By signing below, I signify that I understand that there are risks inherent in permitting my son or daughter to participate in interscholastic athletics, including the risk of serious physical injuries, including but not limited to concussions and sudden cardiac arrest. This consent to my child's participation is given with the knowledge that participation in interscholastic athletics present inherent risks of injury that no amount of care, caution, instruction, expertise or supervision can eliminate. Mindful of these risks, I voluntarily give my permission for my son/daughter to participate in interscholastic athletics.

By signing below, I further acknowledge that I have read and understand the information shared regarding concussions and sudden cardiac arrest. I further agree to promptly inform the School in the event my child sustains a concussion or experiences cardiac problems outside of school so that appropriate safeguards can be taken with respect to his or her participation in interscholastic athletics.

Parent/Guardian Signature Date _____

Parent/Guardian (Please Print Name) Date _____

Student Athlete Signature Date _____

Student Athlete (Please Print Name) Date _____

Sport: _____ Circle One: Varsity JV Middle School

I have found the medical certificate(s) submitted by student and parent to be acceptable.

Interim Athletic Director Date _____

Chief Operating Officer Date _____