

ADELPHI ACADEMY OF BROOKLYN
8515 RIDGE BOULEVARD, BROOKLYN, NEW YORK 11209
PHONE: (718) 238-3308 ~ FAX: (718) 238-2894
ADELPHIACADEMY.ORG

Interscholastic Parental Consent Form
2011-2012

This form must be completed and signed by the parent/guardian before a student-athlete is permitted to participate in any extra curricular interscholastic athletics.

Student's Full Name: _____ Grade: _____

I understand that participation by my child in any athletic activity involves some degree of risk of physical injury. Such injury can occur in any sports activity, be it a "contact" or "non-contact" sport. Further, many injuries are truly accidental in nature and involve no negligence by anyone, including a student. By volunteering to participate in a school sponsored athletic activity, it is pertinent to acknowledge the potential risk for accidental physical injury to occur.

I also understand that my child will be obligated to attend practices and other instructional and/or conditioning sessions, and realize failure to do so may constitute grounds for exclusion from the team.

I give my child permission to travel to and from all contests, scrimmages, and practices in or out of New York City, and I agree to be responsible for all equipment and/or uniforms designated to be returned to Adelphi Academy. I also understand that it is necessary for my child to have an approved medical completed by a physician, all necessary medical paperwork and an emergency contact form on file prior to participating in any tryouts, practices, or interscholastic competition. I also agree to inform Adelphi Academy 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.

Parent/Guardian's Signature (Required)

Date

Student's Signature (Required)

Date

I have found the medical certificate submitted by the student and parent to be acceptable

Medical Officer's Signature

Date