

ALLEGANY-LIMESTONE CENTRAL SCHOOL

3131 Five Mile Road •Allegany, NY 14706

PARENTAL PERMISSION FOR INTERSCHOLASTIC ATHLETICS

This form must be med with the coath be	iore a student is p	permitted to receive equipment of rractice.	
My child,	, has my perr	mission to engage in the interscholastic	
sport ofas may be desired by the coach or su	for the pervisor in char	school year and to take such trips	3
sports, such as football and wrestling traveling in District vehicles. In case call an ambulance, and request medic acknowledge receiving information r	g. Athletic partic of emergency, I cal treatment for regarding concus	s injury. These risks increase in contact cipation also involves the risk of injury who I authorize the coach or a school official to or my child at my expense. Also, I assion management, and permit my child to nt program. In case of emergency, the coach	
Parent/Guardian		Second contact	_
phone #		phone #	
Family Doctorphone #			
parent's health insurance has been us and it generally will not cover the full for participation in athletics is his/he	sed. The School lost of treatme er responsibility	-related injuries is applicable only after the ol's insurance is with Pupil Benefits Plan Inc ent. School equipment issued to the studen y, and must be returned promptly upon expected for loss or destruction beyond	٠,
	abide by the ru rm, I am indicati	ules established by the District for the bene ting that I understand and agree with the	fit
parent/guardian name (print))	parent / guardian name (sign)	
student name (print)		student name (sign)	