

**OYSTER BAY – EAST NORWICH CENTRAL SCHOOL DISTRICT**

DEPARTMENT OF HEALTH, PHYSICAL EDUCATION, AND RECREATION

Date\_\_\_\_\_

**N.B.** Participation in Athletics is voluntary. Neither the school nor the district assumes any financial responsibility in case of accident incidental to participation in Athletics.

Student's Last Name\_\_\_\_\_ First Name\_\_\_\_\_

Address\_\_\_\_\_ **O.B. or E.N.** (*circle one*)

Parent's/Guardian Name\_\_\_\_\_ Tel.\_\_\_\_\_

Family Doctor\_\_\_\_\_ Tel.\_\_\_\_\_

Grade\_\_\_\_\_ Age\_\_\_\_\_

Sport\_\_\_\_\_ D.O.B.\_\_\_\_\_

**Statement: Parent or Guardian**

This is to certify that I have read the above statement and hereby request permission for my child to participate in athletic activities. He/she shall abide by Board of Education Policy and Regulations No. 1112.1 governing athletics.

Parent's Signature\_\_\_\_\_ Date\_\_\_\_\_