

↩ **PLEASE DETACH THIS PAGE AND RETURN TO YOUR COACH PRIOR TO SEASON START.**

BOLTON CENTRAL SCHOOL ATHLETICS - 2023 - 2024

Student Name: _____

Home Telephone Number: _____ Sport/Season: _____

Address: _____

Grade: _____ Date of Physical: _____

Parent/Guardian Name(s): _____

Medical Insurance Co. and Plan that covers student above ID#: _____

Group #: _____

Additional Info: _____

Special Health Considerations (Allergies, Medication, Health Conditions): _____

- Permission Slip & Medical Release - Should my child require emergency medical care at any time during a sport related activity, and if I am unable to be reached, I give school officials, coaches and / or chaperones of this activity permission to act on my behalf (en loco parentis) regarding medical and surgical emergencies for my son/daughter, named above and signed below.
- I have read and understand the Bolton Central School Athletic Handbook contents and will abide by the information pertaining to student participation in the program. I understand the assumption of risk in regard to the possibility of injury, debilitating circumstances and possible death due to the nature of physical activity associated with Athletics and fully release the above information contained in the medical release for the above stated purpose.
- My signature below indicates that I have read the information on the preceding pages regarding the school athletic program and understand the pages regarding concussion management.

Date: _____ Parent/Guardian: _____

(Signature)

I pledge to abide by school, athletic program and team rules in order to participate in Athletics.

Date: _____ Student _____

(Signature)