

Martin Luther School 1

Small School.  Smart Choice.

60-02 Maspeth Avenue Maspeth, NY 11378 | 718.894.4000 | www.MartinLutherNYC.org
Middle School 6-8 | High School 9-12

COUGAR ATHLETICS SPRING 2018

SPORT _____

Dear Parent or Guardian:

Your child has expressed a desire to participate in our interscholastic sports program and agrees to abide by the rules established by the benefit of those who participate.

Please take a few minutes to reflect on all of the following areas and those stated in the Student-Athlete handbook before you place your signature on the permission slip on the reverse side.

WARNING: It must be realized that participation in all sports, contact or non-contact includes a risk of serious injury, permanent paralysis or death. You are hereby advised that athletic participation will involve travel in school vehicles, and all travel includes serious risk of injury. Talk this over with your son or daughter before signing this form.

1. **PHYSICAL EXAM** Every student athlete must have a physical exam by a physician before he or she practices/tries-out.
2. **INSURANCE** If the student is injured due to participation in physical education, intramurals, interscholastic contests or practices, or transportation to and from such activities, the school will provide coverage after the following criteria have been met: the school has selected a non-duplicating Excess Plan of benefits for all students, which requires that all medical/dental bills must be simultaneously submitted to any other group insurance that the parents may have. The insurance will pay 100% of the covered reasonable and customary balance upon receipt of the following: 1) fully complete claim form, 2) itemized medical bills, and 3) explanation of benefits from the parents' primary group insurance company.
3. **ELIGIBILITY** Within the first three team meetings the coach will explain the attendance and training rules as well as eligibility rules for participation. In addition to the strict observance of the rules, your child will be expected to meet all regular school obligations of citizenship and academic achievement. Training and conditioning are beneficial aspects of athletes. The student athlete is expected to make every practice session and athletic contest. The athlete should strive to improve his or her body and skills throughout the year. There will be practice on some Saturdays and vacations.

4. **ATHLETIC EQUIPMENT** becomes more costly each year. Our athletes are equipped with the best the school can provide. No student should have any equipment at home after the season. Your son/daughter is financially responsible for all equipment issued. Should he/she fail to return an item issued, it must be paid for and, by your signature, you are guaranteeing that the equipment will be returned or that the school will be reimbursed for its replacement value.
5. **IN THE EVENT THAT YOUR CHILD BECOMES SICK OR RECEIVES AN INJURY DURING ATHLETIC COMPETITION, ALL REASONABLE EFFORTS WILL BE MADE TO CONTACT YOU AND OBTAIN ANY REQUIRED CONSENTS FOR MEDICAL CARE.** IN SITUATIONS WHERE YOU CANNOT BE CONTACTED FOR SPECIFIC CONSENT TO TREATMENT, AND SUCH DELAY CREATES A RISK TO YOUR CHILD'S LIFE OR HEALTH, THE SCHOOL REPRESENTATIVES WILL USE THIS FORM TO OBTAIN APPROPRIATE MEDICAL CARE AND TREATMENT FOR YOUR CHILD.

The athletic program is for your child. Should you have any suggestions, please call me at (718) 894-4000. Mr.

James Regan
Director of Athletics

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SPORT _____

ATHLETIC PERMISSION • PARENTAL/GUARDIAN AUTHORIZATION PARTICIPATION

We _____ the
parent(s)/guardian(s) of _____
hereby give my/our permission for him/her to participate in
_____ (name of sport and level).

We hereby authorize the school representatives to act on my/our behalf with respect to any required medical treatment decisions and consents, until such time we/I are 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. I/We understand that my son/daughter is responsible for all equipment issued, and if any of the equipment issued is not returned, I/we shall reimburse the school for its replacement value.

DATE PARENT/GUARDIAN SIGNATURE(S)

Home Address Home & Business Telephone Numbers

Signature of Athlete Date of Birth Grade

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UPDATED HEALTH HISTORY FOR STUDENT ATHLETES

This form is to be completed and signed below by the parent or guardian.

_____ Student's Name _____ Sport _____ Grade

Please check if you are aware of any of the following in your child's health history. If yes, please place approximate month and year and a brief explanation.

| YES | NO | COMMENTS |
|-------|-------|---|
| _____ | _____ | Seizures |
| _____ | _____ | Headaches |
| _____ | _____ | Fainting |
| _____ | _____ | Dizziness |
| _____ | _____ | Loss of consciousness |
| _____ | _____ | Skull fracture |
| _____ | _____ | Reduced vision in one eye |
| _____ | _____ | Wears contact lenses |
| _____ | _____ | Heart murmur |
| _____ | _____ | Heart disease |
| _____ | _____ | Rheumatic fever |
| _____ | _____ | Impairment of any organ (lung, kidney, etc.) or disease |
| _____ | _____ | Recent surgery |
| _____ | _____ | Recent fracture |
| _____ | _____ | Any orthopedic problems/surgery |
| _____ | _____ | Diabetes |
| _____ | _____ | Any neuromuscular or nervous disorder |
| _____ | _____ | Any other serious illness |

I hereby state that my child has had no serious illness or history of serious illness other than noted above, which has come to my knowledge through either physician or practitioner who has treated him/her in the past. To the best of my knowledge he/she does not have a serious condition which might prevent his/her safe participation in school athletic activities.

_____ Date

Signature of Parent/Guardian