



# SOUTH SHORE CHARTER PUBLIC SCHOOL

*Inspiring every student to excel in academics, service, and life.*

## **Athletic Department ~ Permission Form**

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Home phone # \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Telephone # \_\_\_\_\_

Family Medical Insurance \_\_\_\_\_ Policy No. \_\_\_\_\_

I understand there is an inherent risk in playing sports and that the range of injury can be minor to severe. It is further understood that in case of injury, the school is responsible only for first aid treatment. I also understand that all equipment/uniforms issued are the property of South Shore Charter Public School and are to be returned within 48 hours of the season close or I will assume the current replacement cost. I have been made aware that a current physical must be completed and on file with the school before my child is able to participate in any activities. It is also to my knowledge; my son/daughter has not been treated for any pre-existing pathological conditions that could be aggravated by participating in interscholastic athletics. **List previous injuries or pathological conditions:**

I/we also give permission for my/our child to be transported to and from any athletic event. I understand the school's policy will be to provide transportation by school bus for away games, but, in the event transportation is not available, private transportation may need to be used.

In addition, we acknowledge that South Shore Charter Public School does not always provide transportation in certain sports to all practices and games therefore I may be required to arrange for transportation. I am aware that my son/daughter may be asked to be privately transported to practice sites removed from South Shore Charter Public School.

I have read the SSCPS Handbook and the above statements, understand and agree to their terms and will help my son/daughter to carry out his/her responsibilities as a SSCPS student/athlete.

\_\_\_\_\_ **(Student's Name)** has my permission to participate in Interscholastic Sports at SSCPS for the 2016-2017 school year.

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_