



**InterScholastic Athletics Parental Consent Form**  
44-36 Vernon Boulevard, Long Island City, NY 11101

_____	_____
Student's Name (Print)	Date of Birth
_____	_____
High School	Official Class
_____	_____
SPORT	OSIS Number (9-digits)

I, the parent/guardian of the student named above, hereby give permission for my child to tryout for the team indicated, and participate in all of the team's activities, as directed by the school/coach. I understand that my child will be obligated to attend regularly scheduled practices and competitions throughout the City of New York.

I understand that my child is responsible for her/his behavior at all time, and agree not to hold the school or any of its employees responsible for any expenses or damages incurred as a result of my child's behavior. I also understand that any violation of the school's code of discipline may result in exclusion from the team.

I understand that it is necessary for my child to have an approved medical certificate for school competition on file in the school before trying out, practicing or competing in interscholastic athletic activities. I agree to inform the school of any change in my child's medical or physical condition which develops or is discovered at any time after the date this document is signed.

I agree that in the event of injury or illness, the staff member in charge of the team may act in my behalf and at my expense in obtaining medical treatment for my child.

I agree to be responsible for the return of all equipment issued by the school to him/her.

I understand and give permission for my child to travel unaccompanied on public transportation to and from all scheduled practices and competitions.

I hereby give permission for my child's photograph, artwork, poetry or other work produced in conjunction with a school project, class or extracurricular activity, to be put on the PSAL World Wide Web (WWW) site, in accordance with the policies set forth in the DOE's Internet Acceptable Use Policy.

I understand that the information to be posted does not include information from my child's academic, guidance, permanent or cumulative record (i.e. grades or attendance records). I also understand that the information to be posted does not include other personal identifiable information such as my child's address, phone number, or social security number.

I hereby give permission for my child to be interviewed and/or photographed by the media as it pertains to PSAL athletic contests. I also hereby release the Department of Education of the City of New York, and its agents and employees, from all claims, demands, liabilities whatsoever in connections with the above.

In an emergency, please contact me at: ( ) \_\_\_\_\_ or ( ) \_\_\_\_\_

\_\_\_\_\_  
PRINT Name of Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

I have found the medical certificate submitted by student and parent to be acceptable.

\_\_\_\_\_  
Teacher/Coach Signature

\_\_\_\_\_  
Date