

**COLD SPRING HARBOR ATHLETIC DEPARTMENT**

**"A COMMITMENT TO EXCELLENCE"**

**COACH'S AUTHORIZATION FOR TEAM MEMBERSHIP AND COMPETITION**

Name: \_\_\_\_\_ Sex: \_\_\_ Grade: \_\_\_ Sport: \_\_\_\_\_ Level \_\_\_\_\_

Home Tel. # \_\_\_\_\_

Mother Work # \_\_\_\_\_ Father Work # \_\_\_\_\_

Mother Cell # \_\_\_\_\_ Father Cell # \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father Email: \_\_\_\_\_

Student-Athlete's Email: \_\_\_\_\_

**Emergency Contact Name & No.** \_\_\_\_\_

**Family Physician & No.** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**PARENT PERMISSION:** I hereby give my son/daughter permission to engage in interscholastic athletics, with the understanding of the risks involved in participation.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NURSE AND ATHLETIC DIRECTOR'S AUTHORIZATION:** The sports physical and/or pre-participation evaluation has been completed and the above named student is approved for participation in interscholastic athletics.

Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Athletic Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

**All three (3) signatures are required prior to any practice or participation in an interscholastic athletic activity.**

HEALTH CONCERNS/ALLERGIES:

Locker Info: \_\_\_\_\_