

**GERMANTOWN CENTRAL SCHOOL
123 MAIN STREET
GERMANTOWN, NEW YORK 12526**

Name of Athlete _____ School Year _____

Grade _____ Date of Birth _____ Age _____

Name of Parent/Guardian _____

Fall Sport and Level _____

Winter Sport and Level _____

Spring Sport and Level _____

Year entered 9th grade _____ Date of last Sports Physical _____

Student Participation

I request permission to compete in the Germantown Central School athletic program. I will work to maintain the academic standards of the school, and I will follow the rules set forth in the school's Code of Conduct.

Student's Signature: _____ Date: _____

Parent/Guardian Permission

I hereby grant my consent for my child to participate in the athletic program of Germantown Central School. I give permission for my child to have a Sports Physical and Impact baseline testing. I understand that my child must pass the sports physical, complete Impact baseline testing, and have completed and turned in an Updated Health History form for each sports season before he/she will be allowed to practice or tryout. I also give my consent for my child to accompany the team on its out-of-town trips. I have read and understand the athletic Code of Conduct and expect my child to abide by its rules and regulations.

Signature of Parent/Guardian: _____

Address: _____

Phone Number: _____ Date: _____