



**Buffalo Academy of Science Charter School**

**(Athletic Division of the Buffalo Academy of Science Charter School)  
Parent / Guardian Permission to Participate**

(Please print all entries except for the signature below)

*This Permission to Participate Form must be completed, and signed by the parent or guardian for each student athlete (including drill squad, spirit squad, or cheerleaders) before participation in any Section VI athletic practice, game, activity, contest or event. The original must be on file in the school office.*

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to the student \_\_\_\_\_ Alt. Phone \_\_\_\_\_

The above named student has the permission of the undersigned to participate in (name of the sport)

\_\_\_\_\_, during the school year for the date written above. The undersigned understands and agrees that the student is responsible for the use of school issued equipment. Students are responsible for the return of all school issued equipment, uniforms and warm up uniforms in proper condition. The undersigned is liable for their replacement value if not returned or returned in an unusable condition. The undersigned recognizes the necessity of a thorough conditioning period during the early part of the season to prepare athletes for competition, and to reduce possibilities of serious injuries. We understand that he/she will be expected to attend practice sessions and all athletic contests regularly as scheduled by the team coach and or Director of Athletics. Transportation will not be provided by the school after these practices or athletic contests and it is the responsibility of the parent / guardian to arrange. The athletic policy of the school expects any student-athlete to maintain an acceptable academic record that allows a maximum of one (1) class grade below 65% with the understanding that the grade below 65% not be in Physical Education. While it is strongly recommended that athletes be covered for injuries by their own accident insurance policy, a student will not be barred from participation without it. Student-athletes participating in the Athletic programs at BASCS will complete the Held Harmless/Liability form prior to any active participation for any individual or team sports. The school does not carry an accident insurance policy on athletes, which, in the event of medical costs resulting from a student's accident, will not provide partial reimbursement and will not supplement the family's insurance coverage.

**(Flip over)**

The student has received a medical release to participate in (name of sport): \_\_\_\_\_,  
and the student is in good health.

\*\*\*Please indicate any allergies or health conditions that Buffalo Academy of Science Charter School  
should be aware of: \_\_\_\_\_

**Check the desired selection**

Do  Do not give permission for emergency treatment by a physician.

\_\_\_\_\_

Coverage for injuries incurred in sports has been provided through a \_\_\_\_\_ policy.  
(Name of insurance)

Permission is granted to participate without separate accident insurance coverage.

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Parent/Guardian's Printed Name**

\_\_\_\_\_  
**Principal's Signature**

\_\_\_\_\_  
**Athletic Director's Signature**

***If a sports physical was not obtained from the school:***

Sports Physical given by: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Date of physical \_\_\_\_\_

\*\*\*Please give copy of physical to school nurse, who will notify coach of student's medical release\*\*\*

***Assumption of Risk:*** Permission is given for the purpose of sports activities, the undersigned understands that (1) sports activities in their ordinary course involve risks and dangers that may subject the student to serious bodily injury, including permanent disability, other injury, loss and death. (2) The undersigned knowingly assumes such risk and the responsibility for the consequences therefore, and agrees that Buffalo Academy of Science Charter School, its officers, employees and agents, shall not be liable for any such consequences.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Printed Name \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_