

NEW YORK SCHOOL FOR THE DEAF  
555 KNOLLWOOD ROAD  
WHITE PLAINS, NEW YORK 10603

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**Parent/Guardian Consent and Waiver/Release for Athletic Participation**

Student \_\_\_\_\_  
Address \_\_\_\_\_  
Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Dear Parent/Guardian:

Your child has expressed an interest in participating in our interscholastic sports program. It is important that you and your child understand the goals of the program and agree to abide by the rules established by the School for the benefit of those who participate.

**WARNING:** Participation in athletics includes the risk of serious physical and emotional injury, permanent paralysis, infectious disease or death. These risks increase in such programs as gymnastics, and contact sports such as football and wrestling. Athletic participation will also involve travel in school vehicles. No travel will be permitted other than in school vehicles, and all travel includes serious risk of injury.

With the understanding of these risks, you hereby acknowledge and agree:

1. Interscholastic sports are a part of a broad extracurricular program designed to teach students certain skills and reinforce concepts of self-worth (achievement), cooperative efforts (teamwork), and ethical decision-making (sportsmanship).
2. **All participants must receive a physical examination prior to the start of practice.** Please consult your physician regarding your child's protection against tetanus. If there is a question about your child's eligibility for physical reasons, it will be discussed with you prior to the start of the program.
3. School insurance for the medical treatment of sports-related injuries is applicable only after the parents' health insurance has been used. The School's insurance generally will not pay the full cost of treatment.
4. Within the first three (3) team meetings, the coach will explain the attendance, training and athletic code rules as well as eligibility rules for participation. In addition to the strict observance of these rules, your child will be expected to continue to meet all regular school obligations of citizenship and academic achievement, and to follow any and all school rules. You agree and understand that you are responsible for the actions of your child.

5. School equipment issued to your child for participation is his or her responsibility and must be returned promptly upon request. Reimbursement from the student will be expected for loss or destruction beyond ordinary wear and tear.
6. In the event that your child becomes sick or receives an injury during athletic participation and/or related travel, all reasonable efforts will be made to contact you and obtain any required consents for medical care and treatment. In situations where you cannot be contacted for specific consent to treatment, you hereby consent for a school representative to obtain appropriate medical care and treatment for your child. You agree to assume all liability and agree to pay all costs incurred in connection with such medical care and treatment rendered to your child.
7. You acknowledge and agree that you have read and understand the above warning regarding the risks associated with this athletic activity. **ON BEHALF OF YOURSELF AND YOUR CHILD, YOU AGREE TO ASSUME ANY AND ALL RISK AND FINANCIAL RESPONSIBILITY FOR ANY PHYSICAL OR EMOTIONAL INJURY, ILLNESS, DISEASE OR DEATH TO YOUR CHILD RESULTING FROM HIS/HER PARTICIPATION IN THE ATHLETIC ACTIVITY.**
8. You hereby release, and agree to defend, indemnify and hold harmless, the School, its staff, employees, Board and Board members, agents, volunteers, and all successors and assignors (collectively, the "School"), from and against any and all liability, claims, demands, damages, costs or expenses (including attorney's fees), actions and causes of action, obligations, or losses, known or unknown, contingent or otherwise, and whether specifically mentioned or not (collectively the "Claims") in respect to death, injury, loss or damage to your child or by your child, in whole or in part, directly or indirectly, arising out of your child's participation in this athletic activity, howsoever caused.
9. You acknowledge and agree that you have been provided the opportunity to review and consider this Consent and Waiver/Release Form prior to executing the same. You certify that you are the parent or legal guardian of the student named above and represent and warrant that you have full authority to grant this Consent and Waiver/Release to the School.

**Parental Consent and Waiver/Release:**

\_\_\_\_\_, the parent(s)/guardian(s) of \_\_\_\_\_, hereby give permission for him/her to participate in \_\_\_\_\_ (name of sport and level), and acknowledge and agree to the requirements, conditions and waiver/release specified above.

Date/Signature \_\_\_\_\_  
 Address/Home and Business Phone \_\_\_\_\_