

## Syracuse Academy of Science Athletic Department

Dear Parent/Guardian:

Your daughter/son has expressed the desire to go out for an interscholastic sport at SASCS High School. Athletics are an optional program that the District provides to all students. In choosing to participate, the student agrees to adhere to the rules and regulations set down in the "Athletic Handbook" which is consistent with both the New York State Public High School Athletic handbook and Board of Education Policy.

As an athlete, your daughter/son is expected to attend all practices and contest unless previously excused by his or her coach well in advance. Athletes who cannot conform to the rules and regulations may be subject to disciplinary action that is consistent with "Athletic Handbook" and Board of Education policy. Should a particular rule or regulation seem unreasonable or inappropriate, it is suggested that the athlete and parent discuss the matter with his or her coach. If further discussion is needed, the athlete and parent should discuss the matter with the Athletic Director.

Parents and athletes should realize that participation in all interscholastic athletics, contact and non-contact, involves a certain amount of risk injury.

Coverage for the athlete is provided through the Commercials Travelers Plan an insurance plan that covers the athlete ONLY after the parent/guardian's coverage had been exhausted. To be more specific, the insurance coverage, which you as a parent/guardian carry on your family, is the PRIMARY coverage for the athlete. The Commercials Travelers Plan, which has a specific maximum amount for specific treatment, may or may not cover the remaining balance of the medical bill, which you submit to the school.

After discussing the above with your daughter/son, we would request that you sign the form below and return it to the coach of the team. The Athletic Permission Slip must be completed and returned before practice can begin. We suggest that you retain this portion for future reference.

Sincerely,

Reginald Pickard  
Athletic Coordinator- High School



### Athletic Permission Slip

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Athletic Activity: \_\_\_\_\_

I hereby grant permission for my son/daughter to participate in the interscholastic sport listed above, and I have read all the above.

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

\_\_\_\_\_  
Date

After reading the above and reviewing the Athletic Handbook, I understand my responsibilities to the rules and regulations as a participant on an interscholastic sport at Syracuse Academy of Science High School.

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

\_\_\_\_\_  
Date

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