HARRISON CENTRAL SCHOOL DISTRICT
HARRISON, NEW YORK 10528
Department of Physical Education, Health and Athletics

EMERGENCY FORM

_____ _____
LAST NAME (PLEASE PRINT) FIRST NAME SPORT

___/___ /____ _____ _____ _____
BIRTHDATE GRADE ADDRESS PHONE #

FAMILY PHYSICIAN _____ Office Phone _____

Father's Name _____Office Phone _____ Cell Phone _____

Mother's Name _____ Office Phone _____ Cell Phone _____

Emergency Name _____ Office Phone _____ Cell Phone _____

I, _____, Parent/Guardian of _____, hereby give my permission for the coach, athletic trainer, school doctor or hospital administrator to administer first aid to my child in case of medical emergency at either home or away contests. In the event I cannot be reached, I will allow the aforementioned individuals to exercise judgment in securing medical aid and ambulance services for the care and treatment of my child in such cases.

Parent/Guardian Signature _____ Date_____

Harrison Central School District
INTERSCHOLASTIC ATHLETICS & EXTRACURRICULAR ACTIVITIES

CODE OF CONDUCT

POSSESSION or the USE OF SMOKING ITEMS, ALCOHOLIC BEVERAGES, OR MISUSE OF DRUGS AND/OR SCHOOL PROPERTY will not be tolerated.

All participants in interscholastic and/or extracurricular activities are expected to be good citizens at all times. Good citizenship means behaving in a responsible manner. Reported violations will result in disciplinary action. Punctuality and daily attendance are required for participation.

MINIMUM PENALTY: The participant may be suspended from practices and games for one week.

MAXIMUM PENALTY: Repeated violations or violations considered to be of a serious nature may mean dismissal from the sport or activity.

I have read and understand the responsibilities expected of a student who wishes to participate in any and all extracurricular activities.

Parent Signature _____

Student Signature _____

Sport or Activity _____

(4/08)