

Sport _____ Year _____ Student Name _____

先锋中英双语学校

Pioneer Valley Chinese Immersion Charter School (PVCICS)
Department of Athletics

Permission Slip/Emergency Contact Info

Directions: Please complete this form and return it to the Athletic Department or coach no later than the first day of practice.

Participation in athletics is inherently dangerous. Even when all reasonable precautions are taken, students can be, and indeed, may be injured. All students participate in athletics voluntarily with permission of their parents or guardians. Along with this participation, the students and their parents/guardians accept the inherent risks to which the students expose themselves to. I have read and I understand the above concerning participation in interscholastic athletics for PVCICS.

Student Signature

Parent/Guardian Signature

Date

Emergency Contact Info (please list at least two people)

Contact 1

Name _____ Relationship _____

Cell Phone _____ Work Phone _____

Home Phone _____

Address _____

Contact 2

Name _____ Relationship _____

Cell Phone _____ Work Phone _____

Home Phone _____

Address _____

_____ By initialing here and signing below, I acknowledge that my child and I have viewed the CDC's video on concussion during the past 12 months (available at the website below) and have read and understand PVCICS's concussion policy.

(Link to their concussion video) www.cdc.gov/concussion/headsup/training/headsupconcussion.html

Parent Name _____ Parent Signature _____
(print) Date _____

Student Name _____ Student Signature _____
(print) Date _____