



GARDEN SCHOOL

Jackson Heights, New York

Richard Marotta, Ph. D., Headmaster

TEAM PARTICIPATION PERMISSION FORM

SPORT: _____

STUDENT NAME: _____

GRADE: _____

ADDRESS: _____

PHONE: _____

DATE OF BIRTH: _____

EMERGENCY CONTACTS:

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

PHYSICIAN: _____ PHONE: _____

I give my child, _____, permission to participate on the _____
_____ team during the _____ school year.

I understand that games and practices will be held both at Garden and at other locations and I grant permission for the Garden School to transport my child to and from those games and practices in its own van or in a private bus.

In the event of an emergency, if neither emergency contact can be reached, I authorize Garden School to secure appropriate medical treatment for my child.

Parent/Guardian Signature

Date