



GARDEN SCHOOL

Jackson Heights, New York

Christopher Herman, *Head of School*

Team Participation Permission Form

Sport: _____

Student Name: _____ Grade: _____

Address: _____

Phone: _____ Date of Birth: _____

Emergency Contacts:

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Physician Name: _____ Phone: _____

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

I understand that games and practices will be held at both Garden School and other locations and I grant permission for Garden School to transport my child to and from those games and practices in its own van or 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 Name: _____

Signature: _____ Date: _____