



**Brooke Mattapan  
Sports Permission Slip  
2018-2019**

**PLEASE COMPLETE**

Scholar's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Scholar's Sex:

☐ MALE

☐ FEMALE

**SPORT SCHOLAR IS PLAYING:** \_\_\_\_\_

**TRANSPORTATION (check all that apply)**

☐ Pick up

Person(s) responsible for pick up: \_\_\_\_\_

Phone Number(s) : \_\_\_\_\_

☐ Student will walk home

☐ Student will take MBTA home

**Student Sibling(s)**

Student has a sibling and the sibling will be staying after school while athlete practices.

Yes \_\_\_\_ No \_\_\_\_

If yes, please list sibling name(s) and their teacher(s) name:

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**MEDICAL**

My child has medical restrictions which their coach(es) should be aware of. Yes \_\_\_\_ No \_\_\_\_

(Asthma, epilepsy, diabetes, etc.)

If yes, please explain \_\_\_\_\_

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**PARENTAL CONSENT AND WAIVER OF LIABILITY**

**I have read and understand the following information about club and sport participation:**

1. My child will be under the direct supervision of a Brooke teacher, coach or a Brooke parent.
2. Certain groups will travel to competitions by bus.
3. Certain groups will exercise outside of the school grounds.
4. I understand that my son/daughter will be obliged to abide by the Code of Discipline and student-athlete contract while participating in these activities.
5. In the event of illness or injury to my child, I expressly consent to the administration of emergency medical care, if, in the opinion of attending medical personnel, such action is advised.
6. I further authorize my child's teacher to act on my behalf as guardian of my child while participating in these activities.
7. I understand that photos may be taken of my child on this trip and used by the school in press releases or other publications.
8. If my child is in LifeWork Support or Detention, I understand that my child may not participate in sports during those days.

\_\_\_\_\_ **Check here if you DO NOT want your child's photo taken.**

I have read this permission slip and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_