

THE RISK OBSERVER

AUTHORIZATION FOR TEAM PARTICIPATION

COACH'S AUTHORIZATION FOR TEAM MEMBERSHIP AND PARTICIPATION	
Student's Name (Please Print - Last name first)	Sport & Level
Address	Age Grade
Date of Birth	Year you began or will begin 9th grade
Parent's Name	Parent's Business Telephone Number
Parents Home Telephone Number	
Emergency Contact Person's Name	Telephone Number
Known Allergies	
Date	Parent's Signature
Date	Student's Signature
This indicates:	<ol style="list-style-type: none"> 1. The parent's permission and Health History Form is on file with the nurse. 2. The Pre-participation evaluation has been completed. 3. The sports physical has been completed and the above named student is approved for athletic participation
Nurse's Signature	Date
Athletic Director's Signature	Date
Both signatures are required prior to any practice or participation in an interscholastic athletic activity	



NEW YORK STATE SAFETY GROUP 491