

Salem School  
Salem, Connecticut

**Salem Middle School Athletic Program Information (gr.5-8)**

Please read carefully. Sign and return the attached permission slip/release form to school BEFORE the first practice. A schedule of practices is also attached.

BEFORE participating in any practice or contest in interscholastic athletics, students are REQUIRED to have the following:

- 1. signed permission slip/release form**
- 2. current physical on file at school**
- 3. appropriate practice clothing (sneakers, cleats, shorts, sweats, etc)**

As part of our on-going safety efforts, the following procedures have been put in place regarding sports (practices and games).

- Use the BACK lot when picking up students from practices and games – the gates will be opened at 3:30 PM.
- For indoor sports, you must pick up your child in the building (gym) – students will NOT be dismissed to the parking lot. For outdoor sports, you must pick up your child on the designated field.
- Please indicate on the attached form, who has your permission to transport your child home from practices and/or HOME games. In the event that someone NOT on the list must pick up your child, you MUST send a note to that effect to the coach. Please be aware that coaches will ask anyone other than yourself picking up the student, for a form of identification.
- Parents will be required to sign out their child IF event they are transporting is after AWAY games.

## PERMISSION SLIP/RELEASE FORM FOR PARTICIPATING IN SPORTS

Parent/Guardian Statement:

I approve of my youngster participating in interscholastic athletics. I will not hold Salem Public School or the Salem Board of Education or its employees responsible for any injury sustained while engaging in any practice or game or while traveling to or from practices or contests.

**I give permission for \_\_\_\_\_, grade \_\_\_\_\_, to participate in all TEAM practices and events held during the \_\_\_\_\_ school year in the sport of \_\_\_\_\_.**

I recognize that such activity involves the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching, use of appropriate protective equipment and strict observance of rules, injuries are still a possibility. Having been so warned, it is still my desire that my child participate in this sport.

\_\_\_\_\_  
Parent / Guardian signature Date

\_\_\_\_\_  
Athlete signature Date

Parent / Guardian E-mail address: \_\_\_\_\_  
(optional)

### RELEASE FORM

STUDENT NAME: \_\_\_\_\_

Parent/Guardian Name	Home Number	Work Number	Cell Number

Please list individuals authorized to pick up your child from practices/HOME games.

NAME	Relationship to Child	Address	Telephone	Alternate #
1.				
2.				
3.				

Parent/Guardian Name:	Signature:
Date:	