



KELLENBERG MEMORIAL HIGH SCHOOL

1400 Glenn Curtiss Boulevard • Uniondale, New York 11553-3702
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Kellenberg Memorial High School Athletic Permission Form 2009-2010

Please complete the following form for your son/daughter to participate in interscholastic sports.

We hereby give our son/daughter _____
(Student's Name) (Year of Graduation)

permission to participate in interscholastic sports under the supervision of the Kellenberg Memorial Athletic Department. We will not hold Kellenberg Memorial responsible for any injuries sustained. We indemnify and hold it harmless from any claim or liability asserted by him/her on his/her behalf arising out of his/her participation in such sport.

We do hereby empower any member of the athletic department to authorize emergency medical treatment for our above-mentioned son/daughter in case of injury while engaged in formal athletic activity under the supervision of Kellenberg Memorial High School and we agree to pay for any medical service or medication expended.

(Date)

(Parent Signature)

(Parent Signature)