

CHAMPS Sports and Fitness Program Parent Consent Form

Student's Name: _____ Class: _____

DBN/School Name: 14K126 School Year: 20 23 - 20 24

Activity Information

Activity Name: Soccer Season: Winter

Teacher-Coach:	Teacher-Coach Contact Information:	Activity Location(s):	Athletic Attire, Equipment, and Footwear Required:	Student will be dismissed from school:
<u>S. House</u>	<u>shouse20@schellmynj.gov</u>	<u>14K126</u>	<u>athletic attire</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Activity Start Date: _____ Activity End Date: _____

Activity Schedule					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time (am/pm):	Start Time (am/pm):	Start Time (am/pm):	Start Time (am/pm): <u>2:45</u>	Start Time (am/pm): <u>2:45</u>	Start Time (am/pm):
End Time (am/pm):	End Time (am/pm):	End Time (am/pm):	End Time (am/pm): <u>3:00</u>	End Time (am/pm): <u>5:00</u>	End Time (am/pm):

I, the parent/guardian of the student named above hereby give my permission for my child to participate in the program described above.

I understand that for any of the activities described above that take place off school grounds, my child will walk to and from the site accompanied by DOE (Department of Education) staff and will be dismissed from the school.

I understand and agree that there are risks of injury associated with the activities described above and give my permission for my child to participate in all of these activities.

I understand that my child is expected to attend all regularly scheduled sessions. I understand that the school may provide my child with equipment to be used for participating in the activities described above and that this equipment can only be used by my child for this purpose. I agree to be responsible for the return of any equipment issued by the school to my child.

I certify that my child has been seen by a medical doctor within the last year and was found able to participate in all physical activities. I agree to inform the school of any change in my child's medical or physical condition which develops or is discovered at any time after the date this document is signed. Please indicate below any permanent or temporary medical or other condition including medication needs, or the need for visual or auditory aids, which should be known about your child.

I understand and agree that my child must comply with all DOE and applicable health and safety regulations, policies, and procedures, including mask wearing and social distancing. I understand that my child will be expected to follow guidelines designed specifically to keep them safe during physical activity and that these guidelines will be reviewed with all participants in the program.

I have been given and I have read the Concussion In Youth Sports: A Fact Sheet for Parents. I understand that if my child has a concussion, s/he will be immediately removed from play for a minimum of 24 hours and must have medical clearance before returning to play. Return to learning and to physical activity should be gradual and follow all medical directives.

I agree that in the event of injury or illness, the DOE or school staff member in charge of the program or activity may act on my behalf and at my expense in obtaining medical treatment for my child. I understand that every effort will be made to contact me prior to treatment.

I understand my child is always responsible for their behavior. I also understand that any

violation of the Discipline Code or failure to adhere to safety guidelines may result in my child's exclusion from the program.

CONSENT TO PHOTOGRAPH, FILM OR VIDEOTAPE A STUDENT FOR A NON-PROFIT PURPOSE (E.G., EDUCATIONAL, PUBLIC SERVICE OR HEALTH AWARENESS PURPOSES):

CHECK ONE BOX:

I HEREBY CONSENT to the participation in interviews, the use of quotes, and the taking of photographs, movies, or video recordings of my son/daughter by the New York City Department of Education.

I also grant to the DOE the right to edit, use and reuse said photograph(s) and video recording(s), along with information about my child's performance in CHAMPS funded activities, my child's name, school and grade level, for educational, health awareness or other non-profit purposes in any media sponsored by the DOE including the use of any printed matter, or internet distribution in conjunction therewith. Such use may include photograph(s) and video recording(s) displayed on the Office of School Wellness Programs or school website. I also hereby release the City of New York, DOE, and their agents and employees from all claims, demands, liabilities whatsoever in connection with the above photograph(s), video tape(s), and video recording(s). I agree that all photograph(s), video tape(s) and video recording(s) will remain the property of the DOE. I understand that my child will receive no compensation for his/her appearance in picture(s), video tape(s) or video recording(s). I also understand that the media may be present at various CHAMPS events and my child may be photographed or videotaped by the media.

I DO NOT CONSENT on the participation in interviews, the use of quotes, and the taking of photographs, movies, or videotapes of my son/daughter by DOE, or any other CHAMPS sponsor. However, I understand that the media may be present at various CHAMPS events and my child may be photographed or videotaped by the media.

I hereby release the City of New York, the DOE and their respective employees and elected or appointed officials, from all claims and liability that arise in connection with my child's participation in the program and activities described above, except if due to the negligence of school officials.

By signing this consent form, I hereby agree to my child's participation in the activities and program described above.

Student's Name (PRINT): _____

Date of Birth: _____

Name of Parent/Guardian (PRINT): _____

Parent/Guardian Signature: _____

Date Signed: _____

In an emergency, please contact me (parent/guardian) at:

Work: _____

Cell: _____

Home: _____

