



# Greenburgh Eleven

Union Free School District

Anthony Gyetua-Danquah, Superintendent  
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Phone 914-693-8500 Fax 914-693-4029

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## INTERSCHOLASTIC SPORTS PROGRAM REQUIREMENTS

Dear Parent/Guardian:

New York State Education Law requires a **yearly physical for all students who participate in interscholastic sports**. As you may recall, you gave authorization for the Children's Village Medical Department to give an annual physical to your son. Dr. Waite, the school physician, has checked the student's records and has cleared your son for participation in sports.

All students participating in sports must also have three forms filled out: the **Day Student Data Sheet**, the **Authorization for Transportation Home**, and the **Medical Questionnaire**. All forms are included with this letter and must be returned to the school.

The **Day Student Data Sheet** must be filled out by you and returned to the District every year. This document will be a critical resource for information in the event that we need to contact you in an emergency. We will also provide the coach with a copy of your child's Data Sheet. This will give him/her emergency contact information, as well as important medical alerts.

The **Authorization for Transportation Home** provides us with names and addresses of where the student should be dropped off after his participation in sports.

The **Medical Questionnaire** provides us with specific answers to questions relating to your child's fitness for sports.

***Please return all three (3) forms to the school in the enclosed return envelope as soon as possible.*** If you have any questions, feel free to contact us.

Thank you for your cooperation.

*Elton Thompson*

Elton Thompson  
Principal,  
Greenburgh Eleven UFSD

**GREENBURGH ELEVEN U.F.S.D.**  
 1 ECHO HILLS, DOBBS FERRY, NY 10522  
 914-693-8500

**Parental Notification of Participation in an Interscholastic Sport and  
 AUTHORIZATION FOR TRANSPORTATION HOME**

Authorization for: \_\_\_\_\_  
                                 Child's Name                                      Date of Birth              Grade

\_\_\_\_\_   
 Street Address                      Apartment                      City                      State                      Zip Code

\_\_\_\_\_   
 Home Phone                                      Work Phone                                      Cell Phone

I, the undersigned parent or guardian, having legal custody of the above-named minor, give permission for the above-named child to participate in the Greenburgh Eleven \_\_\_\_\_ Sports Team. *I authorize The Children's Village Coach or Special Services staff to transport the above-named child home in a district vehicle. I have received the schedule of games and practices.*

**PARENT/GUARDIAN NAME(S): (please PRINT)                      DAYTIME PHONE:**  
 Mother \_\_\_\_\_  
 Father \_\_\_\_\_

Mother's Address, if different from student \_\_\_\_\_  
 Father's Address, if different from student \_\_\_\_\_

Address Child is to be transported to, if different from above \_\_\_\_\_

*Two Neighbors or Relatives who will assume temporary care of your child if you cannot be reached:*

#1 NAME \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

#2 NAME \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

*In case of medical emergency, please contact:*

**Doctor:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Guardian's SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Greenburgh Eleven UFSD  
Department of Interscholastic Athletics - MEDICAL QUESTIONNAIRE**

Dear Parent/Guardian:

For the protection of your child, four requirements must be met before your son can practice or participate in interscholastic sports:

- 1) The Health Office must have a record of a recent physical exam (must be within 1 year of the completion date of the sport).
- 2) Completion of this Medical Questionnaire
- 3) Completion of the Day Student Data Sheet
- 4) Completion of the Authorization for Transportation Home

<b>STUDENT NAME:</b> _____	<b>DOB:</b> _____
<small>Please PRINT</small>	
Parent/Guardian's (circle one) Name: _____	Relation to Child: _____

**SPORTS CANDIDATE'S MEDICAL QUESTIONNAIRE:**

	[YES]	[NO]	[COMMENTS]
1. <u>Any injuries requiring medical attention? (In past 12 mos.)</u>	[ ]	[ ]	
2. <u>Any illness lasting more than 5 days?</u>	[ ]	[ ]	
3. <u>Taking any medication or under MD's care?</u>	[ ]	[ ]	
4. <u>Asthma?</u>	[ ]	[ ]	
5. <u>Any feeling of faintness, dizziness, or fatigue after heavy exertion?</u>	[ ]	[ ]	
6. <u>Wear glasses, braces, or contact lenses?</u>	[ ]	[ ]	
7. <u>Has had an operation or fracture? (In past 12 mos.)</u>	[ ]	[ ]	
8. <u>Treated in a hospital emergency room?</u>	[ ]	[ ]	
9. <u>Any known allergies?</u>	[ ]	[ ]	
10. <u>Any chronic disease?</u>	[ ]	[ ]	
11. <u>Any reason why this student cannot participate in any sport?</u>	[ ]	[ ]	

If yes to any of the above, please explain. \_\_\_\_\_

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**  
*The responses to the above questions are accurate to the best of my knowledge. If there is any change in my child's health status, I will notify the Health Office at 914-693-0600, ext. 1407 as soon as possible.*

**PERMISSION is granted for my child to participate in the sport of \_\_\_\_\_ (fill in sport)**

I also approve of his participation in scheduled trips as a member of the team. I understand that serious injuries including paraplegia or death may occur during competition or practice. I understand that the school district's insurance has a limited fixed schedule based on type of injury and can be used only after the family insurance has been exhausted. MRI's are not covered.

**Parent/Guardian Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_