

**Clarkstown Central School District**

**INTRAMURAL/OFF SEASON/SUMMER MINI CAMP PERMISSION SLIP**

- Parents/Students are responsible for drop-off and pick-up. Students consistently picked-up late will result in termination from the program.
- Inclement weather may cause some activities to be canceled for the day. All attempts will be made to contact participants via email, phone, or school announcement.
- Participants will be required to dress in appropriate clothing for the activity and should bring water and any required medical device (inhaler, epi-pen, Sun Block, etc.).
- Questions can be directed to Dr. Christopher Serra at cserra@ccsd.edu

PLEASE COMPLETE THE FOLLOWING IN FULL, AND SUBMIT TO THE STAFF MEMBER FACILITATING THE ACTIVITY. THE STUDENT WILL NOT BE PERMITTED TO PARTICIPATE UNTIL THE COMPLETED FORM HAS BEEN RECEIVED.

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Name \_\_\_\_\_ Grade (upcoming year) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Activity \_\_\_\_\_

School Attending \_\_\_\_\_ Date of Birth \_\_\_\_\_

Activity Participating In: \_\_\_\_\_

Does the student have any medical conditions (Asthma, Diabetes, Allergies, Heart Conditions, etc.)and/or need to carry medication? If yes, explain \_\_\_\_\_  
\_\_\_\_\_

By signing below you are confirming that you are the parent or legal guardian of the student named above.

By signing below you also agree to:

- Inform the Athletic Trainer and School Nurse if the student tests positive for Covid-19 or is excluded from PE for any reason

**Emergency Contact**

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_