



**CHAMPS Sports and Fitness Program
Student-Athlete Participation Form: 2019 Spring Season School: Grade 3-5
Soccer**

Student's Name (print):	Name of Activity/Sport: Soccer
Date of Birth:	Activity Start Date: 3/18/19
OSIS Number (9-digits):	Activity End Date: 6/8/19
Official Class:	
Grade Level: Circle: 3 4 5	

I, the parent/guardian of the student named above, hereby give my permission for my child to join the team indicated, and participate in all of the team's activities, as directed by the school/coach. I understand that my child will be obligated to attend regularly scheduled practices and events throughout the city.

I understand that my child is responsible for her/his behavior at all times, and agree not to hold the school or any of its employees responsible for any expenses or damages incurred as a result of my child's behavior. I also understand that any violation of the school's code of discipline may result in my child's exclusion from the team.

I agree to be responsible for the return of all equipment/uniforms issued by the school to my child.

I understand and give permission for my child to travel unaccompanied on public transportation or accompanied on a DOE approved bus to and from all scheduled practices and events, as set forth below under Activity Information. I certify that my child has been seen by a medical doctor within the last year and was found able to participate in all sports and 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.

I agree that in the event of injury or illness, the DOE staff member in charge of the team/event 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.

ACTIVITY INFORMATION			
<i>*All items have been approved by Principal</i>			
Name of Activity: Developmental Soccer	Day	Start Time (am or pm)	End Time (am or pm)
*Site(s)/Activity Location(s): PS 129 Gymnasium/courtyard outside	Mon.	4:00 PM	5:00PM
No transportation required. Please make sure students attend the 7Am morning sessions as well. Schedule subject and parents will be notified if that happens.	Tue.	7 AM	8 AM
*Specific dismissal location Students will be dismissed from PS 129 to return to afterschool or returned to class(8am). Or to be dismissed from school.	Wed.		
*List additional site(s) (e.g. Saturday basketball not at home school DBN) Courtyard behind the school when the weather is nice	Thu.		
*Name of Teacher-Coach in charge: Ms. Geldner rgeldner@schools.nyc.gov	Fri	2:30 PM	3:30PM



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Initial each box:

CONCUSSION IN YOUTH SPORTS

I HAVE BEEN GIVEN AND 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.

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

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 (DOE while participating in CHAMPS Middle School Sports and Fitness League events.

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 activities, my child's name, school and grade level, exclusively 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, and including that such photograph(s) and video recording(s) may be displayed on the CHAMPS website.

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 to 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.

GENERAL RELEASE

I hereby release the DOE and its employees and elected or appointed officials, from all claims and liability that arise in connection with my child's participation in CHAMPS activities and the rights granted above, except if due to the negligence of school officials.

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

Work: _____

Home: _____

Cell: _____

Name of Parent/Guardian (PRINT)

Parent Signature

Date Signed