



*St. John's Preparatory School  
21-21 Crescent Street Astoria,  
New York 11105  
(718) 721-7200  
Mr. Danial Levent  
Office of Athletic Director, ext.241*

## STUDENT ATHLETE PARENTAL PERMISSION FORM

1. Please be advised: A current physical for the student must be on file with the school nurse in order for a student to try out for a sport.
2. Parents/guardians must sign and return the parental consent form below and submit it to the medical office in order to try out for the St. John's Prep Interscholastic Sport's Program and SJP Clinics.

NAME OF STUDENT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME OF PARENT/ GUARDIAN & PHONE NUMBER \_\_\_\_\_

EMERGENCY CONTACT NAME & NUMBER \_\_\_\_\_

I, the undersigned, give permission for my child to try out for St. John's Prep Interscholastic Sport's Program. I am aware that a physical examination by a medical doctor is required before participation in any interscholastic athletics, tryouts or clinics. I understand the physical must be dated, stamped and is valid for one year. I am aware that all athletic events carry some risks due to the physical nature of the sport and understand the potential injuries that might occur from playing this sport. I have read the [NYS Scholastic Fact Sheet](#) on concussions and understand the return to play protocol following a concussion.

Student Signature \_\_\_\_\_ DATE \_\_\_\_\_

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

