



ZVI DOV ROTH ACADEMY of Yeshiva Rambam
A MODERN ORTHODOX YESHIVA HIGH SCHOOL

SPORTS PARTICIPATION PERMISSION FORM & CONTRACT

My son/daughter and I understand that there is a possibility of bodily injury associated with any athletic activity. In the event of an emergency or injury, when I cannot be reached, I give permission for the school to act on my behalf.

I fully give my child permission to participate as a member of the above named activity and represent Zvi Dov Roth Academy of Yeshiva Rambam in interscholastic competitions. I also understand that all students must furnish proof of medical certification as a condition of participation. My child has, to my knowledge, no physical conditions which prevent or restrict his/her participation in said activity.

Known allergies to medications: _____

Student-Athlete Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

In case of an emergency please contact person:

_____	_____	_____	_____
Name	Relationship	Home Phone	Cell Phone

_____	_____	_____	_____
Alternate Contact Name	Relationship	Home Phone	Cell Phone

Please note that this form must be completed and returned to the coach before student-athletes are permitted to participate in ANY team related functions (i.e.: practices, games, etc.).