

BAY SHORE UNION FREE SCHOOL DISTRICT

'U 6WHYHQ - 0DORQH\, School Superintendent of
DEPARTMENT OF HEALTH, PHYSICAL EDUCATION AND ATHLETICS
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CHRISTOPHER AGOSTINO
Director HPEA

TED NAGENGAST
Dept. Chair of Athletics

Athlete Release Form from Sporting Event

Date: _____/_____/_____

Time: _____

Sport: _____

Coach: _____

___Varsity___ JV ___ MS

Student/Athlete Name: _____
Please Print

I understand that the Bay Shore Union Free School District Policy is that student/athletes are required to
W U D Y H O Z L W K W K H L U and from S H F Z W L Y H R O W M H P S P O T
Athletic Department.

Explanation for removal of student/athlete from sporting event:

It is understood that my signature below indicates I assume full responsibility for my child from the date and time indicated above

PARENT/GUARDIAN NAME*: _____
Please Print Cell Phone

Parent/Guardian Signature: _____
Please Sign

*In the event a parent or guardian becomes unavailable, the child may be released to an individual identified on the district emergency