



# Lyncourt Union Free School District

2707 Court Street, Syracuse, New York 13208  
Phone: (315) 455-7571 Fax: (315) 455-7573

[www.lyncourtschool.org](http://www.lyncourtschool.org)

"Great Expectations for  
Achievement, Respect, and Caring"

James J. Austin  
Superintendent

Kimberly A. Davis  
Principal

Cathryn L. Marchese  
Business Administrator

## Students interested in participating in any sport will need:

1. PERMISSION FOR SPORTS signed by parent/guardian (below)
2. SPORT PHYSICAL (please check one)

\_\_\_\_\_prefer school physician to examine child

\_\_\_\_\_prefer private physician to examine child

*\*Students may not practice, try out, or participate until the physical has been done and approved.*

## PERMISSION FOR SPORTS

Parents/Guardians:

New York State Law requires that all students taking part in interscholastic sports have a current physical and that final approval rests with the school physician.

Please indicate if any of the following conditions exist. The school physician may wish to request a report from your own physician before approving your child for sports. Any form not completely filled out and signed will be returned. \*A new form must be completed for each sport.

<u>CONDITION</u>	<u>YES</u>	<u>NO</u>	<u>DATE</u>	<u>COMMENTS</u>
Asthma	_____	_____		
Concussion	_____	_____		
Diabetes	_____	_____		
Epilepsy	_____	_____		
Rheumatic fever	_____	_____		
Recent surgery	_____	_____		
Recent serious injury	_____	_____		
Orthopedic problems (bones/muscles)	_____	_____		
Other				
*Any new problems since last permission form was signed				

My child \_\_\_\_\_ (name) has my permission to participate in

\_\_\_\_\_ (sport) after school hours at Lyncourt School.

\_\_\_\_\_  
(Parent/guardian signature)

\_\_\_\_\_  
(Date)