



The Stony Brook School

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Athletic Consent Form

I am aware that playing or practicing to play/participate in any sport can be dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in sports include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the musculo/skeletal system, and serious injury or impairment to other aspects of the body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate in sports may result not only in serious injury, but in a serious impairment of future abilities generally to enjoy life.

I also understand that there is a possibility of loss of or damage to contact lenses, glasses, dental/orthodontic appliances. I recognize that these can be lost or damaged during body contact activities and other vigorous exercise. I am willing to take the calculated risks involved and assume responsibility for replacement of the above should they be lost or broken.

In spite of the above risks, I still want my child to participate in sports because of the great values involved. I, therefore, give permission for my child to participate in all sports and activities sponsored by the School except for the ones I have listed below.

Signature of Parent/Guardian _____ **Date** _____

Print name of Parent/Guardian _____

I, too, have read the above statement about the dangers involved in athletic activities. Because of these dangers, I recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, etc., and I agree to obey such instructions.

Signature of Student _____ **Date** _____

Print name of Student _____