



"Great Expectations for
Achievement, Respect, and Caring"

Lyncourt Union Free School District

2707 Court Street, Syracuse, New York 13208

Phone: (315) 455-7571 Fax: (315) 455-7573

http://www.edline.net/pages/Lyncourt_School

James J. Austin
Superintendent

Kimberly A. Davis
Principal

James C. Stevens
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.

CONDITION

YES NO DATE COMMENTS

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)