



**ST. ANDREW'S COUNTRY DAY SCHOOL**  
**Sports Participation Form**  
**2016-2017**

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Student Name \_\_\_\_\_

Parent/Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in  
(Student name)  
**All Sports** during the **2016-2017** school year. He/she will be expected to attend all scheduled practices and games. If needed, I understand that my son/daughter is responsible for all equipment/uniforms issued, and if any of the equipment/uniforms issued are not returned in proper condition, I am liable for their replacement value.

**In case of an emergency and I cannot be reached, call:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_

**If I cannot be reached, I give my permission for the coach or a responsible school representative to have my child treated by a physician.**

My child has received a medical release to participate in **All Sports** and he/she has been in good health since, having no accidents or major illnesses.

Please indicate any allergies or health conditions that we should be aware of:

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form with the **Registration Fee** and all applicable paperwork to the Business Office.

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St. Andrew's Country Day School • 1545 Sheridan Drive • Kenmore, NY 14217

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