

**DWIGHT D. EISENHOWER SCHOOL**  
**WYCKOFF NEW JERSEY**

**PARENTAL CONSENT FOR SPORTS PARTICIPATION**

Each seasonal sport is supervised by a member of the faculty and is conducted after school hours Monday through Friday. Parents are responsible for providing transportation home from Eisenhower School.

Students Name \_\_\_\_\_ M\_\_\_\_ F\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ Homeroom \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mom Cell \_\_\_\_\_  
Dad Cell \_\_\_\_\_ Dad Work \_\_\_\_\_ Mom Work \_\_\_\_\_

**SCHOOL YEAR 2008-2009**

The following sports teams are offered to all 7<sup>th</sup> & 8<sup>th</sup> grade students: (Please circle the **ONE** that applies)

- |                        |                         |                     |
|------------------------|-------------------------|---------------------|
| <b>Boys Soccer</b>     | <b>Girls Soccer</b>     | <b>Cheerleading</b> |
| <b>Boys Baseball</b>   | <b>Girls Softball</b>   | <b>Track</b>        |
| <b>Boys Basketball</b> | <b>Girls Basketball</b> |                     |

\_\_\_\_\_  
(Date) (Signature of Parent or Guardian)

If I cannot be reached to give my consent to emergency personnel, I give my permission for the Eisenhower School coaching staff to seek medical treatment for my son or daughter in the case of injury or illness that is incurred while participating in school sponsored activities.

\_\_\_\_\_  
(Signature of Parent or Guardian) (Family Physicians Name & Phone)

\_\_\_\_\_  
(Emergency Name in event I cannot be contacted) (h) (c) \_\_\_\_\_  
(Emergency Telephone Numbers)